



Dena M. Smith
Clerk of the Board

Mission Statement

In support of the County Board of Supervisors, and in service to the public and fellow county staff, the Clerk of the Board of Supervisors: prepares and maintains records of actions taken by the Board of Supervisors; oversees membership of the county's boards, commissions and committees; licenses businesses operating in the county unincorporated areas; and facilitates the filing and hearing of appeals of assessed property valuations. Our service priorities are timeliness and accuracy. Our services commitments are courtesy and respect.

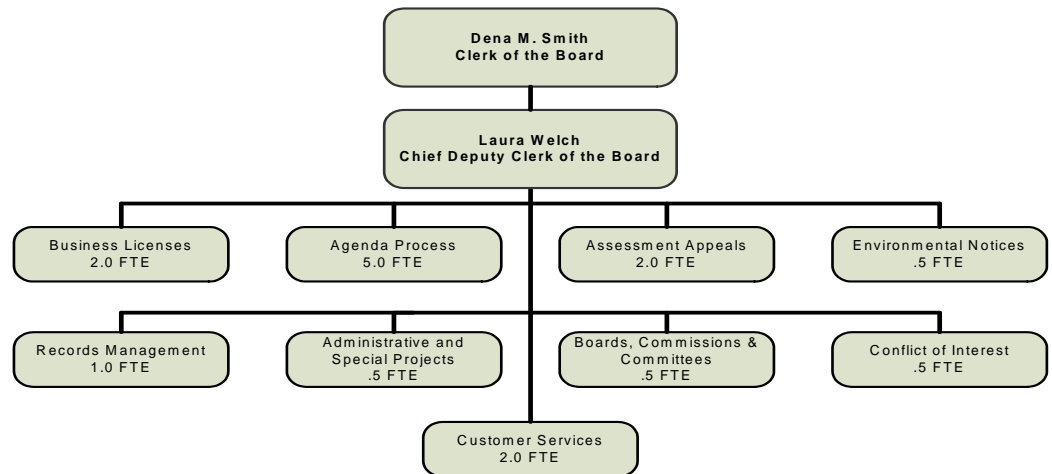
GOALS

**IMPLEMENT
TECHNOLOGICAL
IMPROVEMENTS TO
INCREASE
OPERATIONAL
EFFICIENCY AND
IMPROVE PUBLIC
ACCESS TO
INFORMATION**

**IMPROVE
BUSINESS LICENSE
PROCESSES AND
PROCEDURES TO
ENSURE HIGH QUALITY
SERVICE AND
COMPLIANCE WITH
ORDINANCES**

CLERK OF THE BOARD OF SUPERVISORS

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Clerk of the Board of Supervisors (COB) provides legislative support services to the Board of Supervisors (BOS). The department coordinates, prepares and maintains minutes, ordinances, resolutions, contracts, agreements and other official records and documents related to meetings conducted by the BOS. The COB coordinates the annual filing of financial disclosure documents in accordance with state law and local conflict of interest codes.

The county has more than 200 advisory boards, commissions and committees (BCCs) and the COB maintains records and membership information for the county's BCCs. Responsibilities include posting of vacancies, processing of appointments and monitoring of ethics training for more than 1,000 BCC members. In accordance with state law, appeals of assessed property valuation are heard and determined by the county's Assessment Appeals Boards (AAB). The COB provides staff support to the AAB, facilitating the filing, hearing and disposition of thousands of appeals annually.

The county requires that businesses operating in unincorporated areas obtain and maintain a valid business license. The COB receives, reviews and processes business license applications and issues licenses for approved businesses. The COB also: receives, posts and files environmental (CEQA) notices for construction projects in accordance with State Department of Fish & Game requirements; accepts summonses, complaints, planning appeals, requests for tax refunds and Board correspondence; and responds to thousands of requests for information and documents from county staff and the public.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Staffing
<u>General Fund</u>				
Clerk of the Board	1,492,677	135,287	1,357,390	16.0

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: IMPLEMENT TECHNOLOGY IMPROVEMENTS TO INCREASE OPERATIONAL EFFICIENCY AND IMPROVE PUBLIC ACCESS TO INFORMATION

Objective A: Reduction in the amount of time needed to prepare and process the BOS agenda and related items.

Objective B: Provide public access to live and archived videos of BOS meetings via the internet.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A1. Percentage reduction of staff time required to process agenda items (30 items in 2006-07).	N/A	N/A	5%	5%	5%
1A2. Turnaround time for post-meeting processing/department receipt of completed agenda items (items processed within 10 work days of meeting).	N/A	N/A	75%	80%	85%
1A3. Percentage reduction in staff time required to prepare, process, post and revise the agenda and fair statement (24 hours in 2007-08)	N/A	N/A	N/A	N/A	5%

Status

In 2007-08, the Clerk of the Board continues to make excellent progress in the implementation of technology improvements. Stated objectives related to agenda item processing (Measures 1A1 and 1A2) have been met and exceeded. Success in this area can be attributed to the retention of fully trained staff and improved operating procedures. The COB will continue to seek improvements in these areas as stated and, for 2008-09, the COB is introducing a new Measure (1A3) that will monitor time spent on the preparation, processing, posting, delivery and revision of the BOS meeting agenda and fair statement. This measure, when considered with those already in place for agenda item processing, will provide a more comprehensive picture of the total time required to produce and process the meeting agenda and related documents.

The second objective, internet access to live and archived BOS meetings, has also been met. The CountyVision Network, the county's system for live and archived webcasting of BOS meetings, was launched in April of 2007. The system has proven to be robust and reliable with very few service interruptions or technical issues experienced to date. In addition to the broadcasting of BOS meetings, the system is being used by Board members to post informational reports and updates. CountyVision also provides county staff with access to live or archived training events. Most recently, public hearings conducted by U.S. Senator Barbara Boxer and Assemblywoman Amina Carter were hosted by the county and broadcast via CountyVision.

GOAL 2: IMPROVE BUSINESS LICENSE PROCESSES AND PROCEDURES TO ENSURE HIGH QUALITY SERVICE AND COMPLIANCE WITH ORDINANCES

Objective A: Improve efficiency of tracking and processing business licenses.

Objective B: Establish and maintain updated and accurate business license processes and procedures.

Objective C: Improve compliance with business licensing requirements.

2006-07 ACCOMPLISHMENTS

- ❖ Launched "CountyVision" streaming internet broadcast of BOS meetings
- ❖ Implemented state's first system for electronic filing and on-line posting of Form 700s
- ❖ Collaborated with the Chairman of the Board's office to develop and introduce processes and procedures to streamline the BOS meetings
- ❖ Developed and deployed internet site for the Clerk of the Board



Board of Supervisors meeting



Business license services



Researching agenda items

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A1. Percentage reduction in turnaround time for processing of new business licenses (6 weeks in 2005-06 for new and renewal business licenses).	N/A	15%	20%	15%	20%
2A2. Percentage reduction in turnaround time for processing of renewal business licenses (4 weeks in 2007-08).	N/A	N/A	New	0%	25%
2B. Percentage of business license ordinances reviewed and revised.	N/A	N/A	New	50%	100%

Status

In 2007-08, the stated goal of reduced processing time for business licenses was met, although not to the extent anticipated. Further review of this target measure led to the realization that, given the more rigorous process and requirements for new licenses (versus renewal licenses), this measure should be split. Therefore, in 2008-09, the COB will establish separate measures and targets for improved efficiency in the processing of new (Measure 2A1) and renewal (Measure 2A2) business licenses.

In 2006-07, the COB completed a comprehensive review and update of the processes and procedures for licensing of businesses in the unincorporated areas. In 2007-08, the County Code sections governing business licensing were examined and the COB began working with County Counsel to update and revise these ordinances. This is a tedious and time-consuming process that will continue through 2008-09 with the goal of having adopted revised ordinances by June of 2009.

Determination of appropriate measures to monitor compliance with business licensing requirements has proven difficult. For 2007-08, the COB set a target measure of 35% compliance (percentage of businesses licensed). Implementation of expiration notices and renewal reminders, along with a mail campaign directed towards unlicensed hotel and motel operators, has led to an increase in the number of licenses issued. However, since there is no data available regarding the number, location or types of businesses operating in the county unincorporated areas, percentage of compliance cannot be calculated. This measure has been removed for 2008-09.

Many businesses operating in the county unincorporated areas are subject to inspection and/or required to obtain permits from county departments. However, the departments involved in these processes cannot easily share their information. In 2007-08, the county established its first new business license category in many years (rental dwellings). The COB, in collaboration with Land Use Services and Environmental Health Services, will work on development of a shared database environment (Permits Plus) that will allow the departments to view each other's inspection and licensing information. In 2008-09, the COB plans to implement the Permits Plus system for one business license type (rental dwellings) as a first step towards development of a comprehensive listing of businesses in the unincorporated areas and our goal of improved business license compliance.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

Brief Description of Policy Item, CIP, or BPI reserve funds request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Remodel of office to provide office space for supervisors (CIP request)	-	115,000	-	115,000
The Clerk of Board (COB) is requesting one-time additional general fund financing for an office remodel in order to provide Board Services Supervisors with office space. The remodel would reduce and reconfigure the Clerk's office to establish a small conference room and office space for each of the two supervisors currently providing line supervision to 12 clerical staff positions. The supervisors currently work in staff cubicles and the remodel will provide a place where the supervisors can work and speak confidentially. The request is consistent with County Policy. The CIP request and cost estimate was provided by the Architecture and Engineering Department.				

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Completion of office remodel project.					100%

2008-09 PROPOSED FEE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST

In 2008-09, the department proposes to increase the existing business license fee by 3%. A review of the current structure reveals that fees are not adequately recovering costs.

If there are questions about this business plan, please contact Dena M. Smith, Clerk of the Board of Supervisors at (909) 387-3848.

SERVICE IMPACTS

With the proposed fee increases, the department will be able to recover actual costs and maintain current levels of service.



Assessment Appeals Hearing



Statement of Financial Interest (Form 700) Review



Mark H. Uffer
County Administrative
Officer

Mission Statement

The County Administrative Office maximizes constituent services and satisfaction by developing and implementing budgets, policies, and procedures, and by directing and/or coordinating departmental activities according to the County Charter, general laws, and to meet the strategic goals adopted by the Board of Supervisors.



GOALS

**SUPPORT THE
IMPLEMENTATION OF
DECISIONS BY THE
BOARD OF
SUPERVISORS**

**EFFECTIVE AND
EFFICIENT DELIVERY OF
COUNTYWIDE
SERVICES**

**ENSURE THE OVERALL
FINANCIAL HEALTH OF
THE COUNTY**

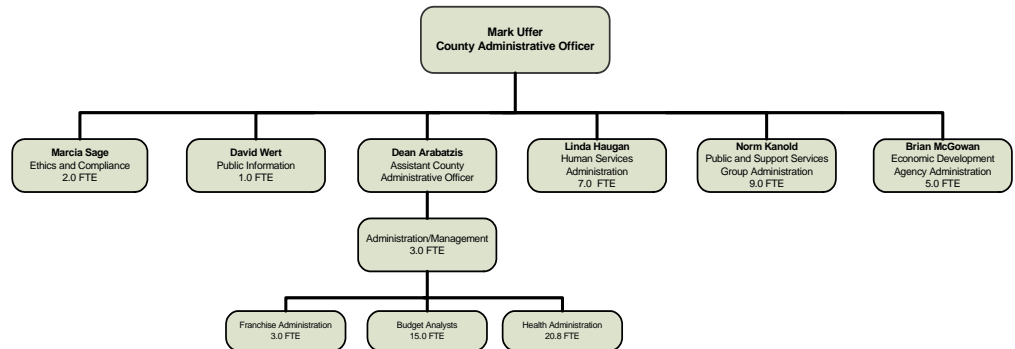
**COMMUNICATE
COUNTYWIDE
OPERATIONS**

**INCREASE EMPLOYEE
AWARENESS WITH
ETHICS PROGRAM**

**EFFECTIVE DELIVERY
OF EMERGENCY
SERVICES**

COUNTY ADMINISTRATIVE OFFICE

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The County Administrative Office (CAO) is responsible to the Board of Supervisors for the general administration and coordination of all county operations and programs, together with the preparation and administration of the county budget.

The CAO oversees the operations of county departments whose department heads are appointed by the Board of Supervisors or County Administrative Officer, and assists in the coordination of activities of departments headed by elected officials. Additionally, the CAO oversees the Public and Support Services Group Administration (PSSG), Human Services Administration, and Economic Development Agency Administration. PSSG departments plan and implement facility and infrastructure development and maintenance programs (roads, flood control, buildings); provide public services in unincorporated communities (planning, fire, special districts, parks, museums); and serve departmental needs (vehicles, space, leasing). Human Services departments are responsible for the county social service programs under applicable mandatory federal and state regulations. These departments are Transitional Assistance, Children's Services, Adult Services, Preschool Services, Child Support Services and Veterans Affairs. Economic Development departments seek to facilitate economic growth within the county through programs that enhance workforce skills, infrastructure, business development, housing opportunities and community development projects. These departments are Community Development and Housing, Economic Development, the Redevelopment Agency, and Workforce Development.

Within the CAO resides a Health Administration function that provides administrative oversight for the health related departments and the Inland Counties Emergency Medical Agency, and seeks to expand and coordinate collaborative opportunities among these departments. Health Administration also coordinates major health financing issues, such as realignment, medical center debt financing, and disproportionate share hospital funding.

The CAO is also responsible for coordinating county activities with other local government entities, including cities and other counties, and is responsible for the county's long-term debt functions and capital improvement program.



2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance and Revenue Over/(Under)	Staffing
General Fund					
County Administrative Office	5,299,244	-	5,299,244		25.0
Franchise Administration	304,387	-	304,387		3.0
Litigation	388,681	-	388,681		-
Joint Powers Leases	21,437,356	-	21,437,356		-
Health Administration	159,507,612	144,507,612	15,000,000		20.8
Public and Support Services Administration	1,971,766	-	1,971,766		10.0
Human Services Administration	1,323,506	1,124,979	198,527		8.0
Economic Development	781,690	-	781,690		6.0
Total General Fund	191,014,242	145,632,591	45,381,651		72.8
Other Funds					
Ambulance Performance Based Fines	306,451	131,000		175,451	-
Pediatric Trauma	337,337	322,569		14,768	-
Hospital Preparedness	518,850	288,803		230,047	-
Medical Center Lease Payments	53,419,848	53,008,963		(410,885)	-
Master Settlement Agreement	27,434,886	18,500,000		8,934,886	-
Total Funds	82,017,372	72,251,335			
Total - All Funds	273,031,614	217,883,926	45,381,651		72.8

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: FACILITATE, SUPPORT, AND ENSURE THE IMPLEMENTATION OF DECISIONS BY THE BOARD OF SUPERVISORS

Objective A: Provide comprehensive and timely analysis and recommendations regarding emerging legislation, funding impacts, trends and issues.

Objective B: Conduct regular Board briefings to keep each supervisor apprised of changing events and their impact on county operations and resources.

Status

This goal was chosen in order to enhance the quality of service provided to the Board of Supervisors by the CAO. As the administrative arm of the Board of Supervisors, it is the responsibility of the CAO to provide support for the Board's decisions and to carry out those decisions with efficiency and effectiveness. In order to do so, the CAO must provide the Board with timely and accurate information that will aid in their decision making process. The CAO adhered to these objectives and provided the Board with valid information in a timely manner throughout the year. Because this goal and its objectives are always pertinent to the CAO's mission, it will be a permanent goal for this office.

GOAL 2: PROMOTE THE EFFECTIVE AND EFFICIENT DELIVERY OF COUNTYWIDE SERVICES THROUGH THE USE OF CONTEMPORARY MANAGEMENT TOOLS

Objective A: Implement countywide strategic planning, which includes cross agency planning.

Objective B: Utilize collaborative leadership to integrate services and improve service delivery outcomes.

Objective C: Continue to develop and improve the San Bernardino County Business Plan in order to support the annual budget plan and evaluate the progress of county departments.

Objective D: Continue to promote and develop the performance measurement system to monitor the effectiveness of county programs and strategic planning.

2006-07 ACCOMPLISHMENTS

- ❖ Received the Government Finance Officers Association's Distinguished Budget Presentation Award



- ❖ Received higher Bond rating of an A+ from Standard & Poor's on the county's certificates of participation and pension obligation bonds
- ❖ Received highest honor Humanitarian Award from the American Red Cross, for the quick effort to assist the City of Gulfport, Mississippi after Hurricane Katrina



- ❖ Received NACO award for Service F.I.R.S.T. program



Objective E: Continue to promote strong customer service skills for all county employees through the Service F.I.R.S.T. program.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2D. Percentage of departments implementing the performance measurement system.	N/A	100%	100%	100%	100%

Status

One responsibility of the CAO is to oversee the operations of the various county departments. In its oversight, the CAO seeks to promote the improvement of business processes so that each department can provide more services efficiently and effectively, using fewer dollars, and with a higher level of quality. Through the countywide business plan, this office has required each department to provide performance measurements for their annual objectives. Throughout the year, the CAO has continued to promote and develop the performance measure system and will perform a random audit on the 2006-07 actual results. In addition, departments are now required to create measurements that will keep them accountable for how they will use additional general fund money approved by the Board of Supervisors. It is believed that the continued integration of performance measures by each department will help to improve the services of the departments.

The Service F.I.R.S.T. program, initiated in the Spring of 2006, was established with the intention of improving the level of customer service county employees provide to all that do business with, and for, the county. In 2006-07, approximately 17,000 employees were trained through the incorporation of Service F.I.R.S.T. into the New Employee Orientation, and the completion of 31 Service F.I.R.S.T. training sessions. The training sessions were conducted in locations in every region of the county from San Bernardino to Needles. As a part of the accountability section, a Mystery Shopping program was developed to capture data on how customers are treated during telephone and in-person contacts. Through this program, data from 1,016 Mystery Phone Shops and 158 Mystery In-person Shops was collected. Overall results showed that approximately 90% of employees are doing a good to great job of providing excellent customer service while approximately 10% need assistance in this area. In addition to the above, the rewards component of Service F.I.R.S.T. was initiated through the development of a Supervisor Toolkit that gave supervisors and managers tools to utilize in recognizing staff for excellent service. A formal rewards and recognition program will be launched during the first quarter of 2008, as well as the continuation of the other Service F.I.R.S.T. program components. The continued development of this program in 2008-09 is an important step in the ongoing process of improving county services.

GOAL 3: ENSURE THE OVERALL FINANCIAL HEALTH OF THE COUNTY OF SAN BERNARDINO

Objective A: Ensure county resources are effectively and productively spent.

Objective B: Increase revenue received from external sources.

Objective C: Protect existing revenues and ensure ongoing costs are paid by ongoing revenue.

Objective D: Maintain adequate county reserves and ongoing set asides.

Objective E: Continue long-term forecasting to better prepare the county for future uncertainties.

Objective F: Continue monthly reports to better inform county management of current year budget performance.

Objective G: Maintain solid working relationships with rating agencies, investors, and insurers.

Status

An important goal of the CAO is the financial stability of the County of San Bernardino. The financial health of the county is essential in order to guarantee that services are provided to its citizens. In 2006-07, the CAO, through its newly hired Grant Coordinator, helped departments to aggressively pursue alternate funding sources to support their services.

The CAO also seeks financial stability by maximizing the use of county resources. One of the CAO's current endeavors is the new building program. As the county's population continues to grow, the demand for services requires that the county acquire additional work space. Rather than leasing office space, the county is looking to purchase nearly 500,000 square feet of new office space in the downtown San Bernardino and Victor Valley areas. Through a purchase rather than a lease building program, the county will be acquiring necessary office space as an investment rather than an additional county operating cost. The county has already set-aside \$20.0 million of ongoing financing in its annual budget to cover any debt service relating to the purchase or construction of these buildings. Until purchase or construction occurs, any unspent portion of this \$20.0 million is reserved at each year end to enable the county to finance a portion of these projects in cash, ultimately resulting in lower annual borrowing costs. Adding this additional \$20.0 million per year to reserves also helps to guarantee the accomplishment of the CAO's objective of maintaining adequate county reserves. The county has also planned financially for other major projects that will commence in the future.

The 2007-08 performance measure "Percentage increase of ongoing set asides" was determined to be an inadequate measure since it all depends on what programs/projects are on the horizon.

GOAL 4: COMMUNICATE COUNTYWIDE OPERATIONS IN AN EFFECTIVE MANNER

Objective A: Continue to promote the new e-mail subscription service by GovDelivery Inc., which allows anyone visiting county websites to sign up and receive free e-mail updates on a variety of county topics.

Objective B: Establish a public education and awareness campaign of countywide services.

Objective C: Continue to improve upon the presentation of the Budget Book and receive the Government Finance Officers Association's Distinguished Budget Presentation Award.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
4A1. Number of county department pages available for email subscription services through GovDelivery, Inc. (amended)*	N/A	34	140	170	170
4A2. Number of pages subscribed by consumers.	1,174	9,852	17,000	17,000	20,000
4B. Percentage of targeted audiences reporting awareness of county services and operations, including how to access county services.	N/A	41%	65%	65%	75%

* The measurement above has been amended to clarify and make more appropriate to the goal.

Status

The CAO's mission statement promotes the maximization of constituent services and satisfaction. In order to accomplish this important mission, the county's operations must be known by its constituents. Increasing resident awareness of county operations, including how to access services, is vital to the continuing promotion of effective and efficient delivery of county services.

Although the county currently does a commendable job at conveying itself to the public, the CAO is always looking for ways to get across the county's message even more clearly. One way in which the county has moved forward in this effort is through the purchase of a new e-mail subscription service run by GovDelivery, Inc. This service allows any person who visits a county website to sign up and receive free e-mail updates on a variety of topics. From September to November of 2006, the county averaged a 113% monthly subscriber growth on the available sites, indicating a desire from subscribers for up-to-the-minute information availability. The initial version of Measurement 4A1. did not take into account that approximately one-third of county departments are internal support to frontline services and do not interact with the public. The adjusted measurement more accurately measures the evolution of pages available for subscription from departments with direct services of interest to the public. As an objective for 2008-09, the CAO will continue to encourage departments providing direct services to the public to utilize this new and important service and performance measure will continue to evolve and include subscription growth in order to further ensure their services and web information updates are readily available to the public.

Providing public services to the residents and businesses of San Bernardino County is one of the county's highest priorities. As a public service organization, the county operates best when the people it serves and the employees who

provide services are aware and informed of services available and how to access those services. The County Administrative Office-Public Information is charged with keeping the general public, along with departments, agencies and staff, educated about, and aware of, services, programs and operations throughout the county. Several factors, including the massive geography and evolving demographics of the county, require a comprehensive and coordinated effort to ensure the promotion of services, programs and operations countywide. The County Administrative Office-Public Information expects to implement the Public Education and Awareness Campaign in early 2008 and will re-survey audiences at campaign completion.

In addition, the CAO has looked to improve its effectiveness in communicating its financial affairs through the receipt of the Government Finance Officers Association's *Distinguished Budget Presentation Award* for its "2006-07 Final Budget Book". The CAO will continue to pursue this prestigious budget award every fiscal year.

GOAL 5: INCREASE EMPLOYEE AWARENESS OF AND COMPLIANCE WITH THE COUNTY'S ETHICS PROGRAM

Objective A: Develop an ethics and compliance training program designed to reach every county employee.

Objective B: Develop a communications program designed to increase county employees' awareness of the new Ethics and Compliance Program.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
5A. Number of county employees and officials participating in ethics and compliance training (amended) *	N/A	1,800	1,900	1,900	7,500
5B. Percentage of county employees receiving ethics and compliance materials.	N/A	11%	100%	100%	100%

* The measurement above has been amended to clarify and make more appropriate to the goal, in addition, all numbers are rounded.

Status

Toward the end of 2005-06, the CAO hired a Chief County Ethics and Compliance Officer (CCECO) to create, implement and oversee a countywide ethics and compliance program. One of the duties assigned to the CCECO was to design a new public service ethics training module for new employees. In September 2006, the new training module began and trained approximately 1,300 new employees and approximately 500 existing employees. The existing employees either received public service ethics training required under AB 1234 or ethics and compliance awareness education. An ongoing training program for existing employees will be planned and budgeted in 2008-09. This project will include identifying a vendor to develop online compliance training.

In addition, the CAO also assigned the CCECO with increasing awareness of the county's new ethics and compliance program. Toward this end, construction of a new website, to be accessible by the public, was commenced in 2007. The 70 page website is in the beginning stages and is expected to be published in early 2008. When live, the website will enable visitors to access the county's rules and standards governing employee conduct as well as other educational tools and resources about county ethics and compliance. Accompanying the launch of the website and case reporting system is a series of communications promoting these products and the county ethics and compliance program generally. A more extensive awareness campaign will be budgeted and scheduled for 2008-09.

GOAL 6: ENSURE THAT THE MOST EFFECTIVE EMERGENCY SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY

Objective A: Designate Cardiac Care Hospitals (CCH) to allow paramedics to transport cardiac patients directly to the CCH's in order to access the services of cardiologists in a more timely manner.

Objective B: Develop and implement a Cardiac Care Quality Assurance Program to monitor the timely and correct transport of cardiac patients.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
6A. Number of Cardiac Care Hospitals designated in the Inland Counties Emergency Medical Agency jurisdiction.	N/A	N/A	N/A	N/A	4
6B. Percentage of 911 transports reviewed to ensure that patients are being transported to designated CCH's in a timely manner.	N/A	N/A	N/A	N/A	40%

Status

On February 6, 2007, the Board of Supervisors approved the separation of the Inland Counties Emergency Medical Agency (ICEMA) from the Public Health budget unit, to be included as a separate organization within the Health Administration Division and administered directly by the County Administrative Office. As such, it is a goal of the CAO to ensure that effective emergency services are delivered to the constituents of San Bernardino County. In this effort, ICEMA is charged with the coordination, evaluation and monitoring of emergency medical services within public and private pre-hospital providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of Emergency Medical Services (EMS) educational programs and medical disaster preparedness.

On December 4, 2007, ICEMA also received approval from the Board of Supervisors to develop and release a Request for Proposals in order to seek qualified consultants to perform a countywide assessment of the existing ICEMA system. Given the tremendous growth in population, housing and traffic within the county, a countywide assessment of the existing emergency system is important to determine whether it can continue to meet the emerging needs of the county.

APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Brief Description of Policy Item	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. In 2006-07, the department received 2.0 additional positions and \$269,600 in ongoing general fund financing to help support the completion of the automation Computer Aided Facilities Management program (CAFM).	2.0	269,600	-	269,600
2. In 2007-08, the department received \$40,000 in ongoing general fund financing for the restoration of a part-time employee who will provide leadership and support to the Master Gardener program.	-	40,000	-	40,000
3. In 2007-08, the department received 1.0 additional position and \$100,000 in ongoing and \$200,000 in one-time general fund financing to work with departments to identify priority grant programs and for local matching funds for grant submissions.	1.0	300,000	-	300,000

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Percentage of county-owned and leased buildings with electronic format (AutoCAD) floor plan drawings. (The county has 9.7 million square feet of owned and leased facilities.)	25%	30%	40%	40%	50%
P2. Percentage increase in the number of master gardeners trained.	N/A	N/A	10%	10%	10%
P2. Percentage increase in the number of educational contacts.	N/A	N/A	10%	10%	10%
P3. Competitive grant funding received by the county or nonprofits in collaboration or associated with the county.	N/A	\$1.5 Million	\$900,000	\$1.5 Million	\$1.5 Million

Status

In 2006-07, the CAO received additional funding to hire two positions, Programmer Analyst III (PAIII) and Asset Management Analyst, to improve the building inventory, centralize the database for capital planning activities and information, and track facility condition data with inventory, preventative maintenance schedules, and energy management systems. In 2007-08, the PAIII and its funding were transferred to the Information Services Department. Both positions were filled and considerable progress has been made in improving the building inventory, including the addition of approximately 556,000 square feet of electronic format floor plans and condition assessment data for nearly 1.9 million square feet of space. In 2007-08, the CAO is estimating 40% of the buildings will have electronic drawings. Additional funding for software upgrades, annual maintenance and training have been achieved. There continues to be ongoing activities for the complete automation of CAFM.

The mission of the University of California Cooperative Extension (UCCE) Master Gardener program is to educate volunteers who render service and provide non-biased, research based horticultural information to the community. Volunteers receive a minimum of 50 hours of instruction that cover topics including water conservation; lawn care;

ornamental trees and shrubs; insect, disease, and weed management; soils and plant nutrition; vegetable gardening; home fruit production and garden flowers. In exchange for training, participants are obligated to volunteer at least 50 hours of service to the community within one year following the training. In San Bernardino County, Master Gardeners volunteers provide over 5,000 volunteer hours annually staffing a hotline addressing consumer horticulture questions via phone and e-mail; staffing public service booths for non-profit events throughout the county; assisting in the development of community and therapeutic gardens in conjunction with local school districts, parks departments and hospitals; and, conducting gardening and firescape workshops for local residents. UCCE in San Bernardino County is currently recruiting a Master Gardener Program Coordinator to schedule and coordinate hotline volunteers, oversee class scheduling, direct student recruitment and selection, and coordinate volunteer activities. This position is being funded by the \$40,000 funding augmentation provided to UCCE by San Bernardino County in 2007-08.

The addition of the 1.0 Grant Writer position in 2007-08 enabled the grant office to submit \$5.0 million in grant applications on behalf of county and community groups. The 2007-08 estimate is projected based upon confirmed grants. In 2008-09 the grants office anticipates another \$1.5 million in acquired funds, despite ongoing funding reductions projected in the state and federal budgets. Even though federal budget reductions are projected, it is anticipated more funding will be shifted from earmarks into the competitive grant category. The grants office is requesting a continuance of the \$100,000 in matching funds to enable a viable response time to federal and state competitive opportunities.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

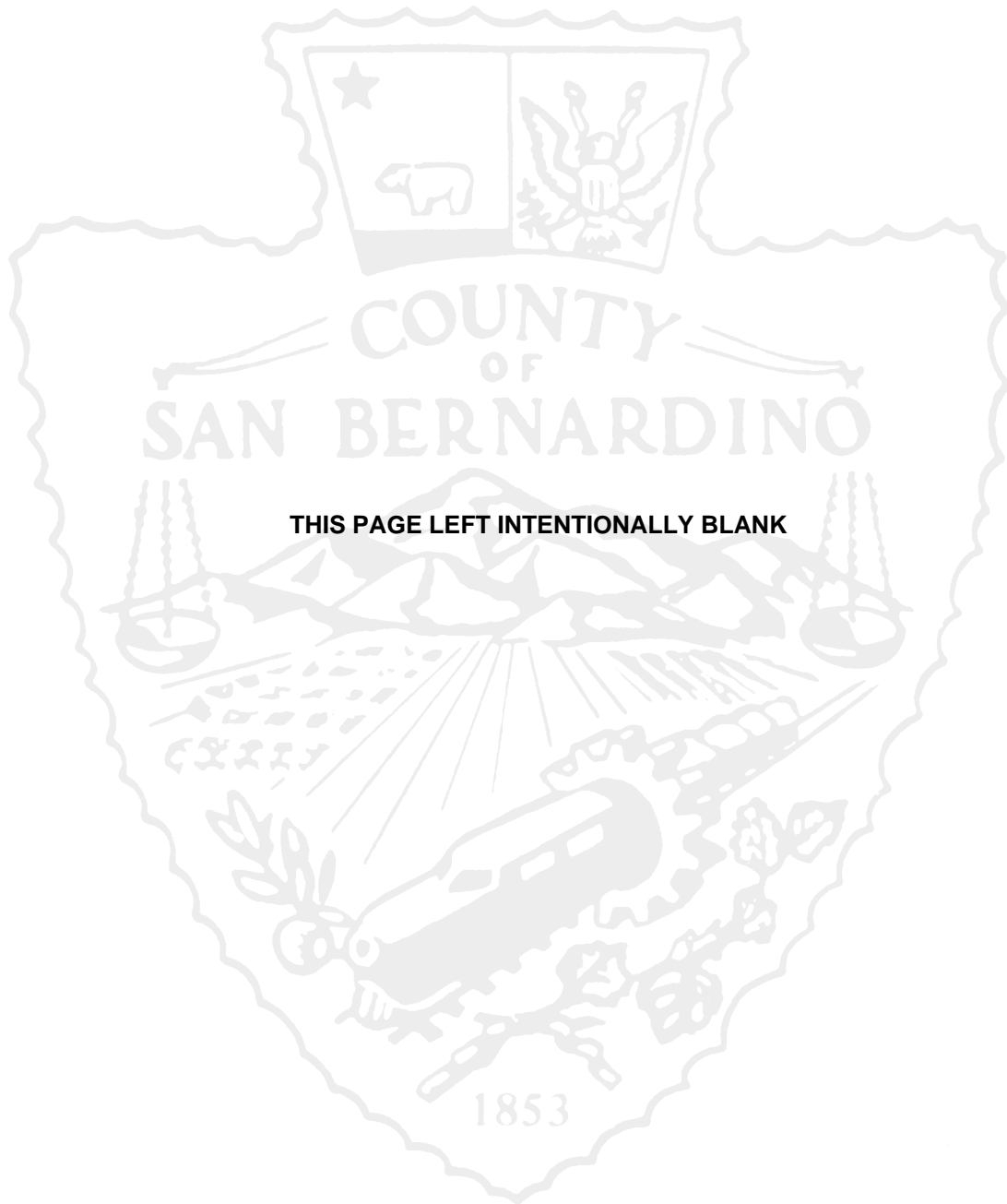
Brief Description of Policy Item, CIP, or BPI reserve funds request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Obtain ongoing funding for the grant matching fund program (policy item) To support the ongoing funding of local matching funds for grant submissions to enable a viable response time to federal and state competitive opportunities.	-	100,000	-	100,000

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Competitive grant funding received by the county or nonprofits in collaboration or associated with the county.					\$1.5 Million

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Mark H. Uffer, County Administrator Officer, at (909) 387-5418.





Ruth Stringer
County Counsel

Mission Statement

County Counsel serves and protects the county, its treasury, and its governing body, by providing timely and accurate legal services and aggressively representing the county in litigation. Legal services shall be performed maintaining the highest professional and ethical standards while fostering high morale and productivity in the work place through collaborative efforts dedicated to continuous improvement.



GOALS

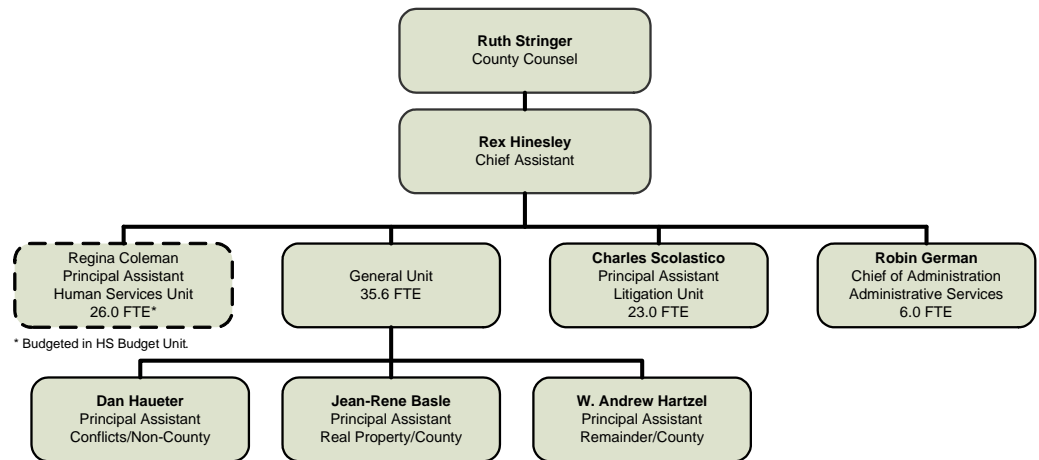
PROVIDE ACCURATE, TIMELY AND RELIABLE DOCUMENT AND CONTRACT REVIEW AND LEGAL ADVICE

PROVIDE EXEMPLARY LITIGATION SERVICES, BY DEFENDING CLIENT ACTIONS & DECISIONS, AND ADVOCATING OUR CLIENTS' POSITIONS

REPRESENT THE COUNTY BY ADVOCATING AND PROTECTING THE INTERESTS OF CHILDREN SERVED BY OUR CLIENTS

COUNTY COUNSEL

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

County Counsel provides civil legal services to the Board of Supervisors, County Administrative Office, county departments, commissions, special districts, and school districts. County Counsel also provides legal services to various joint powers authorities and represents the courts and judges on certain matters. In performing its duties, the County Counsel's Office is divided into three operational units: the Litigation Unit, which handles tort and civil rights litigation, workers' compensation and code enforcement; the Human Services Unit, which serves the Human Services departments; and the General Unit, which provides legal services primarily to county departments supported by the general fund.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Staffing
General Fund				
County Counsel	9,910,938	4,454,209	5,456,729	71.6

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PROVIDE ACCURATE, TIMELY AND RELIABLE DOCUMENT AND CONTRACT REVIEW AND LEGAL ADVICE TO THE OFFICE'S CLIENTS TO ASSIST THEM TO ACHIEVE THEIR OBJECTIVES

Objective A: Complete contract reviews and revisions within two weeks of receipt.

Objective B: Respond to requests for other legal services, including drafting of legal analysis, by agreed upon target date.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Percentage of contracts that are reviewed and revised within two weeks of receipt.	N/A	99%	95%	95%	95%
1B. Percentage of clients who ranked satisfactory or above on advice they received from attorneys which was clear, relevant, and timely.	N/A	*	95%	95%	95%

*Due to changes in key management staff no survey was sent out in 2006-07.

Status

This goal represents working with county departments and other clients to expedite accurate processing of the County Counsel's general advisory function when the office is called upon to assist its clients in the performance of their obligations. If the efficiency of the County Counsel's Office is increased, it will amount to a cost saving for the county as a whole in the administration of day-to-day business.

County Counsel instituted an Office wide Contract Review Log requirement effective July 1, 2006. During 2006-07, the Office conducted 3,212 contract reviews/revisions in which 99% were done within the two-week target.

As noted above, no annual client satisfaction survey was conducted in 2006-07, however the office will be developing a new client satisfaction survey for 2007-08.

GOAL 2: PROVIDE EXEMPLARY LITIGATION SERVICES, BY DEFENDING ACTIONS AND DECISIONS, AND ADVOCATING POSITIONS OF THE OFFICE'S CLIENTS TO ASSIST THEM TO ACHIEVE THEIR OBJECTIVES

Objective A: Track incoming litigation cases with the goal of minimizing liability and maximizing county recovery; resolve cases with a positive outcome within liability targets.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage of cases being litigated that resulted in resolution in favor of the county or within liability targets.	N/A	94%	95%	95%	95%

Status

This goal represents working with county departments and other clients to ensure the office renders superior litigation services and tracks the effectiveness of the office's litigation services by quantifying the results of litigation seeking damages against the county and those cases where the county prevails and receives monetary awards.

With this ongoing feedback, we can more effectively address client needs and assist clients in meeting their objectives. In 2006-07, we resolved 94% of the cases in favor of the county or within the liability target set by Risk Management.

2006-07 ACCOMPLISHMENTS

- ❖ Provided primary legal assistance to the Board for the Registered Sex Offender Ordinance
- ❖ Prevailed in Public Records Act litigation over the disclosure of the Board members' calendars and e-mails and upheld the Board's deliberative process privilege
- ❖ Negotiated a \$9.5 million settlement with Travelers Insurance on a coverage claim for the Colonies suit
- ❖ Provided primary legal assistance in the preparation and adoption of the General Plan (GP) update, the revised Development Code and the certification of the associated Environmental Impact Report. Settled litigation brought by the Attorney General and others, alleging that adoption of the GP would result in greenhouse gas impacts under AB 32
- ❖ Worked with the California Welfare Directors Association and other counties to draft Senate Bill 84 to collect overpayments to foster care providers & adoption assistance recipients
- ❖ Assisted the Statewide Automated Welfare System Consortium IV JPA to expand from 9 counties to 39 counties serving over 13,000 users statewide
- ❖ Provided Ethics and Public Records Act training to each member of the Board and their staffs and provided ethics training to Board appointed boards, committees and commissions

GOAL 3: REPRESENT THE COUNTY AND ADVOCATE TO PROTECT THE INTERESTS OF THE CLIENT IN CASES INVOLVING CHILDREN REFERRED TO DEPARTMENT OF CHILDREN'S SERVICES

Objective A: Track and monitor cases with the goal of recording case outcomes for successful resolutions as determined by the Department of Children's Services, to increase protection for abused and neglected children in our community.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Percentage of juvenile cases being resolved with the desired outcome as determined by the Department of Children's Services.	N/A	93%	90%	90%	90%

Status

This goal and objective represents working on behalf of the Department of Children's Services to litigate cases in the Juvenile Dependency Court resulting in a desired outcome as determined by the department. As cases are resolved and closed, the increase in caseload will thereby be limited. In 2006-07, we resolved 93% of the cases with the desired outcome as determined by the Department of Children's Services.

APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Brief Description of Policy Item	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Upgrade computer system hardware and software.	-	200,000	-	200,000
2. Increase in general unit attorney staffing to meet demands.	1.0	185,800	-	185,800
3. Increase in general unit support staffing to meet increased demands.	2.0	165,135	-	165,135
4. Additional Principal Assistant County Counsel position.	1.0	256,250	-	256,250

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Percentage completion of upgrade to computer systems hardware/platform software.	N/A	50%	100%	100%	100%
P2. Percentage increase of General Unit Attorney Hours from 2006-07.	N/A	47%	65%	65%	75%
P3. Percentage increase of General Unit Support Hours.	N/A	N/A	10%	10%	10%
P4. Percentage increase of responsiveness to legal service demands.	N/A	N/A	10%	10%	10%

Status

In 2006-07, the office received \$200,000 in one-time general fund financing to provide a more efficient Microsoft supported system. As of December 2007, the installation of approximately 90% of the computer system upgrade has been accomplished. The remaining items outlined in the plan will be fully implemented by the end of 2007-08.

In that same fiscal year, the office also received \$185,800 in ongoing general fund financing for 1.0 additional general unit advisory/transactional unit attorney. The new attorney was hired in January 2007.

In 2007-08, the office received \$165,135 in ongoing general fund financing for 1.0 paralegal and 1.0 executive secretary II for the general unit. These positions will provide support to the growing legal needs of the general unit. The paralegal position remains vacant due to failed recruitments. The Executive Secretary II position was hired in July 2007.

Also in 2007-08, the office received \$256,250 in ongoing general fund financing for 1.0 Principal Assistant County Counsel. This position was added to provide for greater depth within the office and for succession planning purposes as several high level administrative attorneys are expected to retire within a short period of time. The position was filled and the vacancy created behind it was filled in August 2007.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

Brief Description of Policy Item, CIP, or BPI reserve funds request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Remodel of third floor County Counsel offices (CIP Request).	-	450,000	-	450,000
The County Counsel offices on the fourth floor were recently remodeled. The fourth floor remodel upgraded cubicles and provided ergonomically correct workstations to staff. Additionally, safety concerns over outdated electrical were also addressed. This new request is for one-time funds to complete a remodel of the County Counsel offices located on the third floor as the same issues regarding cubicle upgrades and electrical concerns apply to the third floor.				

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Percentage completion of third floor County Counsel remodel.					100%

2008-09 PROPOSED FEE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST

- The office will propose a fee increase to cover actual costs of service currently provided.

SERVICE IMPACTS

Fee increases will permit the department to maintain service levels and recover actual costs.

If there are questions about this business plan, please contact Robin German, Chief of Administration, at (909) 387-5456.



Andrew L. Lamberto
Director

Mission Statement

The Human Resources Department is committed to providing effective customer service to all departments, employees, and constituents of the County of San Bernardino, through the timely delivery of innovative, quality human resources systems, programs, and services.



GOALS

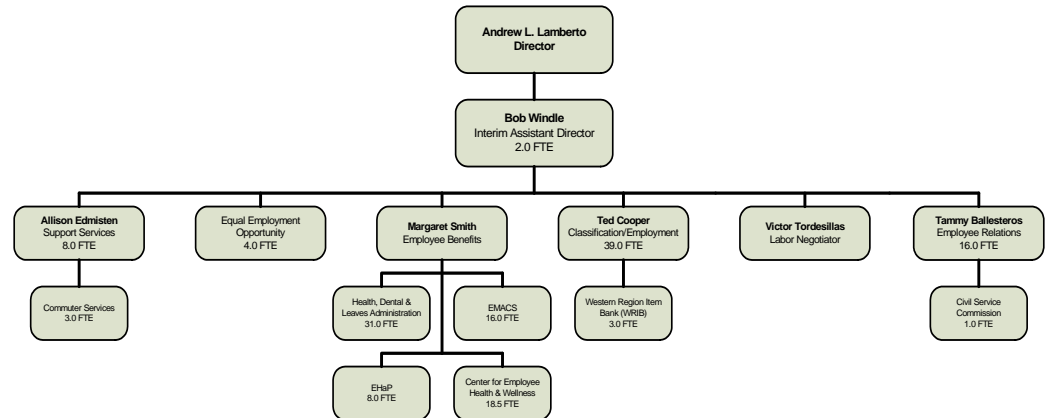
**ATTRACT AND RETAIN
HIGHLY QUALIFIED
STAFF**

**INCREASE AND
IMPROVE DELIVERY OF
HUMAN RESOURCES
SERVICES**



HUMAN RESOURCES

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Human Resources Department administers the county's human resources programs. This includes the responsibility for recruitment, employment testing, and certification of eligible candidates; establishment and maintenance of classification and compensation systems and practices; employee relations; employee benefits; systems and program administration for a portion of the Employee Management and Compensation System (EMACS); the Equal Employment Opportunity office; and the Commission on the Status of Women. Human Resources also shares responsibility, through a partnership with Human Services, for countywide organizational and employee development.

In addition, the department is responsible for the management of the Western Region Item Bank (WRIB). This is a cooperative, computer-based test question bank used by 167 public agencies to develop employment tests. Each participating agency pays an annual fee.

The Center for Employee Health and Wellness (CEHW) is part of the Employee Benefits and Services Division. CEHW is responsible for employee and applicant pre-placement and in-service medical examinations, medical records, representing the county in hearings before the Civil Service Commission regarding appeals of medical findings, and advising the county's management on compliance with Occupational Safety and Health Administration (OSHA) regulations and occupational medical problems.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Human Resources	7,491,561	373,794	7,117,767		103.0
The Center for Employee Health and Wellness	1,048,542	732,542	316,000		18.5
Unemployment Insurance	4,000,500	-	4,000,500		-
Total General Fund	12,540,603	1,106,336	11,434,267		121.5
Special Revenue Funds					
Commuter Services	1,188,838	505,000		683,838	3.0
Employee Benefits and Services	4,018,529	2,600,108		1,418,421	32.0
Total Special Revenue Funds	5,207,367	3,105,108		2,102,259	35.0
Total - All Funds	17,747,970	4,211,444	11,434,267	2,102,259	156.5

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: ASSIST COUNTY DEPARTMENTS IN ATTRACTING AND RETAINING HIGHLY QUALIFIED STAFF

Objective A: Develop a plan to promote the county as an "Employer of Choice" to attract highly qualified candidates.

Objective B: Through partnerships with several county departments, implement and expand the marketing plan to promote the county as an "Employer of Choice".

Objective C: Fully integrate NEOGOV into the county certification and selection processes.

Objective D: Expand participation in the Retirement Medical Trust (RMT) fund.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1B. Percentage increase of contacts made due to the marketing efforts of the department (15,000 contacts in 2006-07).	N/A	N/A	15%	15% (17,250)	5%
1C. Percentage increase of departments using NEOGOV for the entire certification process.	N/A	N/A	N/A	N/A	5%
1D. Percentage increase of employees participating in the Retirement Medical Trust (RMT) fund.	N/A	N/A	N/A	N/A	25%

Status

In 2006-07, the department received one-time general fund financing in the amount of \$200,000 to retain a consultant to develop and implement a marketing plan to promote the County as an "Employer of Choice." Industrial Strength was the firm selected through a competitive request for proposals (RFP) process. Remaining funds in the amount of \$145,507 rolled over into 2007-08, and the firm is currently working on modification of the Human Resources internet website.

The department realizes the competition to recruit and hire qualified applicants continues to increase. At the same time, the number of available applicants in all fields is steadily declining. Human Resources aggressively seeks contacts at schools/universities, job fairs, and other functions.

The department has also implemented a new applicant tracking system (NEOGOV). This system has significantly improved the application process for potential employees, and Human Resources will continue to focus on utilizing additional system features in the upcoming year. For example, the certification and selection process still uses both the EMACS system, as well as NEOGOV. In 2008-09, the department intends to fully integrate the system to consolidate this process. Initial integration will be implemented in three to five small departments, and then be implemented countywide.

The RMT is a trust fund to which the county makes contributions on behalf of eligible (vested) active employees for their retirement benefit needs. This benefit is currently included in some of the labor contracts with the county. Human Resources intends to increase the number of employees participating in the RMT through negotiations with employee associations by including the benefit in future negotiated contracts. The RMT is one of the ways the county is attempting to help defray the cost of health, dental, and vision care for retirees.

2006-07 ACCOMPLISHMENTS

- ❖ Implementation of Supervisor's Guide to Employee Discipline
- ❖ Implementation of Substance Abuse/Reasonable Suspicion Drug and Alcohol Testing Policy
- ❖ Addition of NEOGOV to enhance recruitment and applicant tracking process
- ❖ Successful roll-out of "My Health Matters!" program



Wellness Expo



Health Screenings



GOAL 2: INCREASE AND IMPROVE DELIVERY OF HUMAN RESOURCES SERVICES TO CUSTOMERS

Objective A: Market the benefits of WRIB membership to public agencies.

Objective B: Increase accessibility to services provided by the CEHW to meet the needs of the county's workforce in the High Desert.

Objective C: Roll-out "My Health Matters!" program.

Objective D: Improve the turn around time for qualified applicant lists.

Objective E: Expand the county's wellness program by offering incentives through wellness360™.

Objective F: Create a centralized repository for employee permanent personnel records through the 201 File Project.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2C. Completion rate for the Health Risk Assessment (HRA).	N/A	34%	15%	15%	20%
2D. Percentage decrease in written exams (564 exams in 2006-07).	N/A	10%	10%	10%	15%
2E. Percentage of county employees and retirees using wellness360™.	N/A	N/A	N/A	N/A	15%
2F. Percentage of county departments accessing 201 files via computer.	N/A	N/A	N/A	N/A	50%

Status

In 2006-07, the Human Resources Department received one-time general fund financing in the amount of \$63,000 to develop and implement a plan to market the benefits of WRIB membership to public agencies. Remaining funding of \$60,560 was rolled over into 2007-08 to continue those efforts. The department also received ongoing general fund financing in the amount of \$316,000, and one-time funding in the amount of \$21,000 to open a full-time Center for Employee Health and Wellness (CEHW) clinic in the High Desert, to increase accessibility and meet the needs of the county's High Desert workforce. The clinic will operate five days per week and is scheduled to open in January 2008.

The "My Health Matters!" initiative rolled out to all county employees in August 2007 and rolled out to retirees in November 2007. The 2006-07 actual percentage in the performance measurement listed above was based on a pilot program, which is why the results are higher than the 2007-08 estimate and target. This initiative is a proactive approach to foster a healthy, productive work force on an employee-by-employee basis, through education, personal attention and increased awareness. The by-product of "My Health Matters!" will be cost leveling, and ultimately reduction of employee benefits costs. Employees will be engaging in activities and programs that will aid them in the prevention, early detection, and/or better control of health issues. The cost commitment of this initiative will allow the county to maintain current benefit levels at a better price. "My Health Matters!" also directly relates to the county's "Employer of Choice" program and the wellness360™ program, by reflecting the county's desire to create a healthy work environment that continues to attract qualified applicants. Wellness360™ is a "portable" medical records storage program that offers the availability for county employees/retirees to store all of their medical history electronically, and access the information via the internet. Wellness360™ offers user incentives, and is available to all county employees/retirees, whether or not they are enrolled in county health programs.

Over the last few years, the department has grown increasingly concerned about the number of applicants who are lost because the current evaluation process does not allow job offers to be made in a timely manner. The number of written tests administered relative to training and experience evaluations has become a concern. In many cases, a written test is not a good predictor of job success. During 2006-07, Human Resources met with each county department, evaluated the need for written examinations, and developed alternative means of assessing applicants where warranted. By reducing the number of written exams, the department is able to generate qualified applicant lists in less time.

The 201 file project will create a centralized repository for employee's permanent personnel files, reducing storage, and eliminating confidential department personnel files. These files will be accessible via the intranet, allowing authorized personnel to view information from their computer. The project is expected to be completed in 2007-08 with 50% participation by county departments.

APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Brief Description of Policy Item		Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1.	In 2006-07, the department received \$200,000 in one-time general fund financing to develop and implement a marketing plan to promote the county as an "Employer of Choice."	-	200,000	-	200,000
2.	In 2006-07, the department received \$63,000 in one-time general fund financing to develop and implement a marketing plan regarding the benefits of WRIB membership.	-	75,000	12,000	63,000
3.	In 2006-07, the department received 3.0 additional positions, \$316,000 in ongoing general fund financing, and \$21,000 in one-time funding to open a full-time CEHW clinic in the Victor Valley area to increase accessibility to services and meet the needs of the county's High Desert workforce.	3.0	637,000	300,000	337,000
4.	In 2006-07, the department received \$110,371 in ongoing general fund financing for 2.0 additional positions to achieve appropriate staffing levels to manage EMACS.	2.0	110,371	-	110,371

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Percentage of qualified applicants (i.e. applicants who pass the examination process and are placed on an eligibility list(s)).	64%	88%	70%	90%	90%
P2. Percentage increase of new WRIB members (164 members in 2005-06).	N/A	7%	5%	5%	5%
P3. Percentage of county employees working in the High Desert area (and in need of treatment) who are treated by the High Desert CEHW (468 employees in 2005-06).	N/A	0%	50%	20%	50%
P4. Percentage decrease in payroll documents processed with errors. (5% error rate for new hire paperwork in 2007-08)	N/A	N/A	N/A	N/A	50%

Status

In 2006-07, Industrial Strength was selected as the marketing firm to develop a brand and marketing plan, redesign the Human Resources website, and to further promote the county as an "Employer of Choice." The firm is currently working on modification of the Human Resources website. In 2007-08, the department's anticipated measurement for Policy Item No. 1 was to increase the percentage of qualified applicants who met the minimum requirements. However, this measurement has been revised to be more valuable to the hiring process and capture the percentage of qualified applicants who actually pass the examination process and are placed on an eligibility list. Since the focus of this objective is to measure the effectiveness of outreach efforts, the measurement has been modified to focus on applicants who are placed on eligibility lists.

In 2006-07, the department took advantage of opportunities to ensure the WRIB program had higher visibility with public agencies, and they added 12 new memberships. Staff members attended the National Labor Relations conference in the Spring of 2007, and other conferences and job fairs throughout the year to promote the benefits and services of WRIB membership. In 2007-08, the measurement for this objective was "Percentage increase of WRIB members," however, the department has revised this measurement to "Percentage increase of new WRIB members." Human Resources is focused on marketing efforts to obtain new members, therefore, the previous measurement was not accurately reflecting the objective because some agencies choose not to renew their WRIB memberships.

Human Resources secured a High Desert facility to house a full-time CEHW clinic and anticipates opening in January 2008. Because the facility did not open in 2006-07 as expected, the actual performance measurement result is zero.

The positions for EMACS-HR staffing were approved in the budget for 2006-07. However, due to recruiting difficulties, Human Resources was unable to fill these positions until Spring 2007. In 2007-08, the measurement for Policy Item No. 4 was "Percentage of accuracy in processing payroll documents." Unfortunately, the department was unable to quantify this measurement based on the duties of the new positions. Since then, the measurement has been revised to "Percentage decrease in payroll documents processed with errors" (currently a 5% error rate for new hire paperwork in 2007-08). The Education Specialist is currently preparing written procedures for EMACS-HR staff which should reduce the number of keying errors or errors that occur due to incomplete or incorrect paperwork. This position will also be providing ongoing one-to-one and group training for departmental Payroll Specialists. This will help to ensure that documents received at EMACS-HR are timely, complete and correct. By providing consistent internal and external training, the department anticipates that the number of documents processed containing errors should decrease by 50%.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

Brief Description of Policy Item, CIP, or BPI reserve funds request		Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1.	Remodel of the Human Resources Employment Test Center. (CIP Request)	-	20,000	-	20,000
The test center remodel will consist of replacement/repair of ceiling tiles and carpet. In addition, the test center is in need of new paint and improved lighting. The department requests one-time additional general fund financing for the purpose of this CIP, as this is one of the first impressions potential employees will have of the County.					
2.	New Automated Systems Technician (AST) for Support Services. (Policy Item)	1.0	68,000	-	68,000
Since 2003-04, the Human Resources Department has increased its staff by 24 positions and added a High Desert Facility. However, the Information Technology support staff has remained the same. In addition, the department has implemented the 201 file project and NEOGOV (the online job application system). The new AST position would be responsible for managing the daily help desk calls and emails from departmental staff, allowing the Business Systems Analyst time to focus on departmental projects such as developing electronic marketing media for job fairs, etc. The department requests \$68,000 in ongoing general fund financing.					

MEASUREMENT		2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1.	Percentage completion of the Human Resources test center remodel.					100%
P2.	Percentage decrease in response time for help desk issues at remote offices. (Current response is 12-24 hours 2007-08.)					50%

2008-09 PROPOSED FEE ADJUSTMENTS

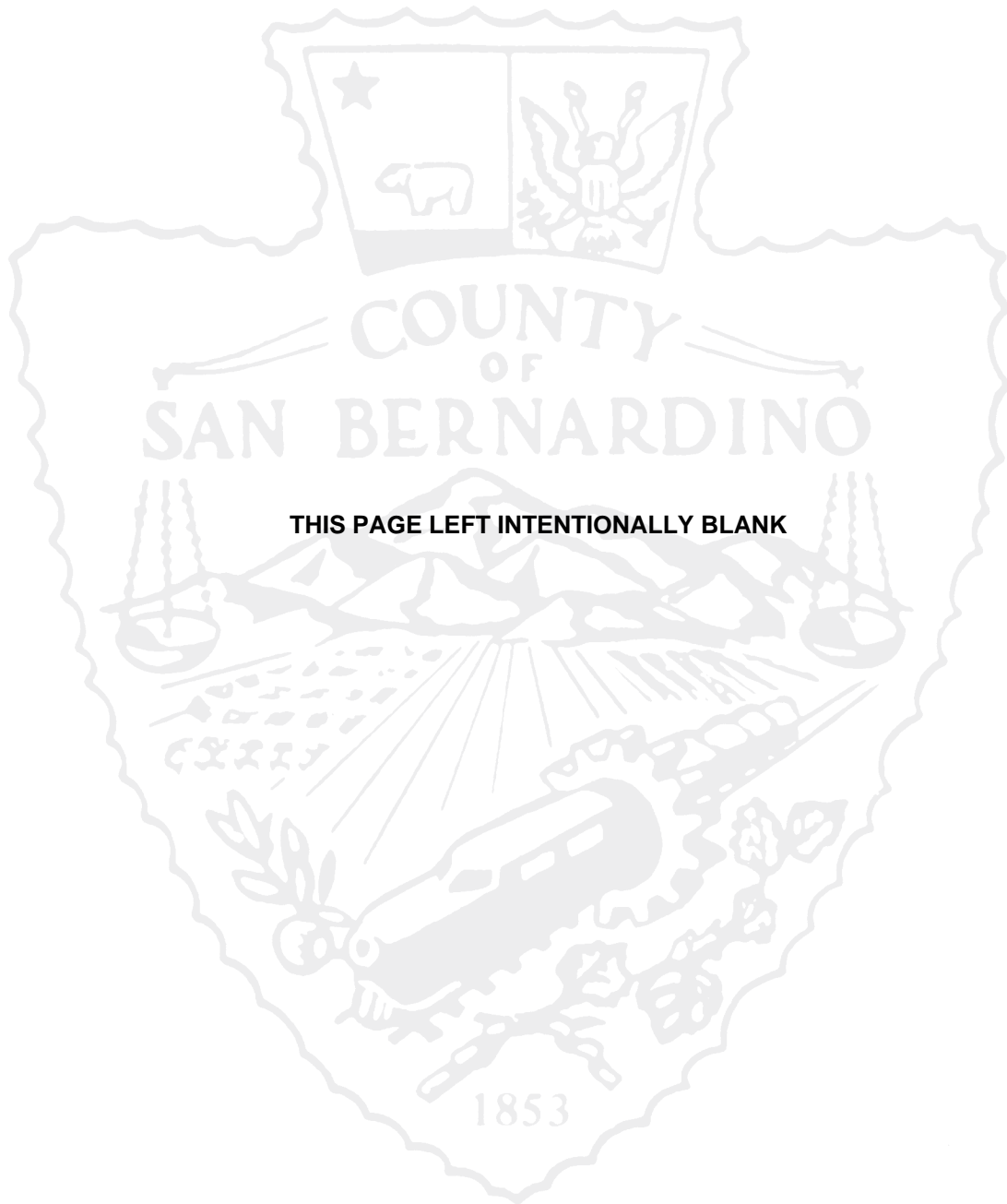
DESCRIPTION OF FEE REQUEST

The department will propose various fee adjustments for the CEHW, as all fees are reviewed on an annual basis to ensure adequate recovery of costs.

SERVICE IMPACTS

Through necessary fee adjustments, the department will be able to recover actual costs and maintain current levels of service.

If there are questions about this business plan, please contact Andrew L. Lamberto, Director, at (909) 387-5570.





Stephen Hall
Chief Information Officer

Mission Statement

The Information Services Department provides contemporary, innovative, secure, and accessible technology in computer, media, and communication services in the most cost effective manner, enabling departments and agencies to accomplish the mission of San Bernardino County.



GOALS

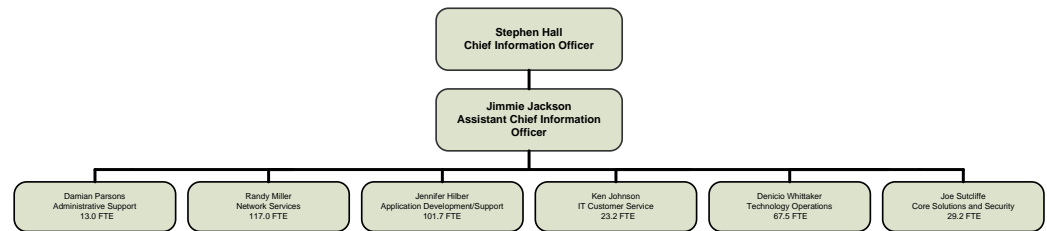
PROVIDE TECHNOLOGY SOLUTIONS THAT ENABLE DEPARTMENTS TO BETTER SERVE COUNTY RESIDENTS

IMPROVE CUSTOMER SATISFACTION BY DELIVERING PRODUCTS AND SERVICES THAT EXCEED EXPECTATIONS

IMPROVE TELECOMMUNICATION & DATA TRANSMISSION CAPABILITIES TO BETTER RESPOND TO EMERGENCIES AND DISASTERS

INFORMATION SERVICES

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Information Services Department (ISD) provides service in the following major areas. Each division plays an intricate role in supporting county departments to provide services that promote health, safety, well-being and quality of life for residents.

Network Services provides design, operation, maintenance and administration of the largest county-operated telecommunications phone network in the country; the county's Regional Public Safety Radio System that integrates all countywide sheriff, police and fire emergency radio dispatch capabilities; the paging system that consists of over 7,000 pagers; and the Wide Area Network (WAN) that securely joins approximately 18,000 county users for efficient use of technology.

Application Development and Support provides support for county departments as they develop, enhance, and maintain business applications on a variety of hardware and software platforms. These applications include the county's enterprise accounting, payroll, budget, personnel, document imaging, public web sites, geographical information, and many other business systems. **IT Customer Service** assists departments in achieving their technology and business objectives. The division provides a Technology Support Center to manage service requests/problem tickets and a multimedia services group to support audio/visual and multimedia business needs.

Technology Operations provides design, operation, maintenance and administration of the county's enterprise data center which supports the mainframe and includes server management for over 221 servers, integrated document imaging infrastructure, and print operations for bulk printing functions. **Core Solutions and Security** provides the county with global email, security direction, technology policies and procedures, and technical services that support desktop communications and functions countywide. The **Administrative and Fiscal** division supports all divisions by providing consolidated financial management through budget development and administration; service rate development; contract management; and accounts payable/receivable.

2007-08 SUMMARY OF BUDGET UNITS

	Operating Exp/ Appropriation	Revenue	Local Cost	Revenue Over/ (Under) Exp	Staffing
General Fund					
Application Development	16,791,086	4,693,984	12,097,102		107.5
Total General Fund	16,791,086	4,693,984	12,097,102		107.5
Internal Service Funds					
Computer Operations	19,939,665	21,610,442		1,670,777	134.1
Network Services	23,957,594	24,518,025		560,431	118.0
800 MHz - Rebanding Project	25,000	25,000		-	-
Total Internal Service Funds	43,922,259	46,153,467		2,231,208	252.1
Total - All Funds	60,713,345	50,847,451	12,097,102	2,231,208	359.6

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PROVIDE TECHNOLOGY SOLUTIONS THAT ENABLE CUSTOMERS TO BETTER SERVE THE CITIZENS OF THE COUNTY

Objective A: Provide countywide services enabling departments and their applications to communicate efficiently and effectively.

Objective B: Assist departments in identifying and implementing cost effective business solutions.

Objective C: Deliver innovative 800 MHz Radio communications solutions including design, configuration, implementation, and ongoing maintenance by moving 800 MHz Radio systems hardware and software to a vendor supported platform.

Objective D: Build and sustain a robust hardware and software support infrastructure to deploy countywide technology solutions.

Objective E: Make more efficient use of the county owned network to reduce telecommunication costs.

Objective F: Implement WAN backbone redesign to increase capacity for additional throughput and redundancy.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Complete migration of ISD user accounts to Active Directory and offer Active Directory to other county departments.	75%	100%	N/A	N/A	N/A
Complete Migration of ISD customer departments in Active Directory to Microsoft Exchange 2003.	20%	100%	100%	N/A	N/A
1B. Percentage of customers requesting application upgrades deployed that are compatible with Windows Vista and Microsoft Office 2007.	N/A	N/A	100%	100%	N/A
1C. Percentage of 800 MHz site controllers moved to digital capable, vendor supported platform.	N/A	N/A	50%	25%	N/A
Percentage of total projected RED radios online (1200 red channel radios)	10%	100%	N/A	N/A	N/A
1D. Percentage decrease of Windows physical servers. (150 servers in 2005-06)	N/A	13%	20%	20%	N/A
Percentage of all physical servers virtualized.	N/A	N/A	New	8%	8%
1E. Percentage of Internet Protocol (IP) based connections established for telephone usage between the county's main telephone locations.	N/A	10%	100%	100%	N/A
Percentage of IP based connections established for telephone usage between county's main telephone locations and outlying areas.	N/A	N/A	50%	20%	75%
1F. Percentage of network reconfigured to fully utilize new link and bandwidth.	N/A	N/A	75%	10%	N/A
Implement phased WAN backbone redesign to increase throughput capacity and redundancy.	N/A	N/A	N/A	N/A	50%

2006-07 ACCOMPLISHMENTS

- ❖ Implemented wireless crash cart to establish data transmission at FELAC-Fire Emergency Local Agency Center



FELAC Support

- ❖ Provided State of Louisiana with version of the Coroner's case management system after Hurricane Katrina
- ❖ Assessment of the Economic Development Agency's information technology infrastructure
- ❖ Installation of radio site to improve coverage in Lower Desert
- ❖ Replacement of both enterprise printers
- ❖ Installation of phones, wireless microwave connectivity, WAN bandwidth, & 800 MHz radio infrastructure at 303 Third St. facility
- ❖ Replacement of two microwave links to improve capacity to relay emergency calls between dispatch centers and field officers
- ❖ Received National Association of Counties award for modernizing Jail Information Mgmt System Web Front End used to process and manage inmates

Status

- 1A. The ISD business plan continues to focus on keeping the county up-to-date with supported platforms and systems security. The department successfully achieved objective 1A, as all 315 user accounts were migrated to Active Directory in 2006-07. The Active Directory allows ISD to assign policies, deploy software, and apply critical updates to Windows based computers. In addition, all ISD customers who were in Active Directory at the start of 2007-08 have been migrated to the latest Microsoft Exchange environment. This migration will enable these customers to fully utilize product features consisting of electronic mail, calendaring, contacts and tasks, and support for mobile and web-based access to information, as well as data storage. In 2008-09, ISD intends to initiate processes to upgrade from Active Directory 2003 to Active Directory/Server 2008 and from the Exchange 2003 environment to Exchange 2007 contingent upon Microsoft's release of these products. The future migration of customers to these newer platforms will be dependent upon ISD conducting a suitability assessment of their applications to run on these platforms. This upgrade will enable ISD to maintain vendor supported platforms and facilitate the migration to Windows Vista operating systems and new releases of Microsoft Office. Migrating to these new platforms will not result in additional costs.
- 1B. The Application Development division continues to consult with customers to identify cost effective ways of conducting business from an information technology perspective, including cost analysis and recommendations for the acquisition and integration of new systems. As a result, 100% of customer requested application upgrades in 2007-08 will be compatible with Windows Vista and Microsoft Office 2007. This will enable departments to continue to move to newer, supported operating platforms and software in a timely manner, reducing costs associated with non-supported platforms and software.

As part of ISD's efforts to deploy countywide technology solutions, the Application Development division will implement a pilot application that demonstrates capabilities and identifies standards for the development and optimization of website applications on mobile devices, resulting in more effective utilization of mobile devices.

In addition, the division will implement a pilot project that will demonstrate capabilities and identify standards for the development and optimization of an enterprise Microsoft Office SharePoint Server solution. This application is utilized to facilitate collaboration, provide content management features, implement business processes, and supply access to information that is essential to organizational goals and processes. It can be used to quickly create SharePoint sites that support specific content publishing, content management, records management, or business intelligence needs. It facilitates effective searches for documents and data, participates in forms-driven business processes, and is able to access and analyze large amounts of business data. This project will enable ISD to determine the best enterprise-wide strategies for deploying the SharePoint solution.

- 1C. The Network Services division has replaced 25% of the 800 MHz site controllers with digital capable and vendor supported controllers. This project is currently under review pending a consultant study of the entire radio system replacement/upgrade. ISD will submit revised performance measures regarding the 800 MHz radio system in subsequent business plans based on recommendations resulting from the consultant study. In 2006-07, all 1,200 red channel radios were deployed.
- 1D. To meet the objective of building and sustaining a robust hardware and software support infrastructure to deploy countywide technology solutions, ISD will continue utilization of server virtualization technology for server consolidation. Virtualization technology enables a single physical resource, such as a server, to appear to function as multiple servers. The benefit of virtualization is a decrease in costs associated with server maintenance and staff support. The decision to obtain physical servers is not controlled by ISD, therefore the actual number of physical servers changes regularly. As a result, the department is replacing performance measurement 1D "Percentage decrease of Windows physical servers" with the following "Percentage of all physical servers virtualized." ISD will develop a business practice to review all new server requests for the potential to be virtualized and make recommendations to customers accordingly. There is no additional cost associated with continuing virtualization technology.
- 1E. ISD expects to meet performance measure 1E by establishing 100% of Internet Protocol (IP) based connections established for telephone usage between the county's main telephone locations in 2007-08. However, due to increased requests from county departments for unplanned telephone related projects, ISD anticipates completing only 20% of the "Percentage of IP based connections established for telephone usage between county's main telephone locations and outlying areas" performance measure. The department expects to establish the remaining IP connections to outlying locations in 2008-09. The estimated cost increase over current year spending to establish these remaining IP connections is \$100,000 and will be funded by the dialtone rate.

- 1F. Demand for WAN bandwidth continues to increase resulting from: increased deployment of web-based applications and the need to remotely back-up data; desires to increase public access to information via offering multimedia content over the internet; and ISD's implementation of an alternative disaster recovery site. The Network Services division conducted an analysis to identify a solution for the current bandwidth capacity issues and to allow for growth. This analysis resulted in recommendations for a WAN backbone redesign to more efficiently utilize bandwidth throughout the county. ISD is replacing the 2007-08 objectives to "Develop a high-capacity alternate route between the San Bernardino Valley and the High Desert to accommodate high-speed data traffic" and "Percentage of network reconfigured to fully utilize new link and bandwidth" performance measurement with "Implement WAN backbone redesign to increase capacity for additional throughput and redundancy." The previous objectives will be subcomponents of the new objective and thus will be realized when the WAN redesign project is completed in 2009-10. The estimated one-time cost to implement the WAN redesign is \$740,000. Ongoing costs are estimated at approximately \$720,000 per year. These costs are comprised of new telephone company circuit costs and new hardware to replace end-of-life network hardware.

In addition to the redesign of the WAN, ISD has begun a formal review of how multimedia content will be delivered across the WAN. This review will lead to the development of policies to guide departments desiring to disseminate multimedia content across the WAN.

In 2007-08, the Network Services division will deploy enterprise wireless solutions to allow centralized monitoring of wireless access points throughout the county. The benefit of implementing this technology is that it will enable the department to readily provide wireless connectivity to requesting customers and provide better security capabilities for wireless access points. The estimated cost for hardware is \$45,000 and will be funded through the WAN rate.

GOAL 2: IMPROVE CUSTOMER SATISFACTION BY DELIVERING BUSINESS PRODUCTS AND SERVICES THAT EXCEED CUSTOMER EXPECTATIONS

Objective A: Improve business processes to meet customer product and service expectations and inform departments of ISD's products and services.

Objective B: Create an understandable funding/billing plan.

Objective C: Redeploy existing resources to improve the success rate of applications deployed to production.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Satisfaction rating from random product and service satisfaction surveys.	N/A	0%	75%	75%	75%
2B. Satisfaction rating from yearly billing satisfaction surveys.	N/A	N/A	75%	75%	75%
Evaluate new rate metrics for WAN and circuit related cost recovery.	N/A	N/A	N/A	N/A	100%
2C. Success rate of applications deployed to production after review by quality assurance.	N/A	N/A	98%	98%	99%

Status

To meet the goal of improving customer satisfaction by delivering products and services that exceed expectations, ISD is continuing to survey its customers to obtain feedback and make adjustments in its business processes as necessary. Survey results for the first quarter of 2007-08 indicate that ISD should meet its estimated 75% satisfaction rating.

As part of the implementation of the new internal IT Operational Support System, the Administrative and Fiscal division is in the process of developing easy to understand billing statements and invoices for customers. The division has developed a survey to obtain a baseline satisfaction level regarding billing processes by which future performance can be compared. Survey feedback will be incorporated into the design of new billing statements and invoices. Survey results for the first quarter of 2007-08 indicate that ISD should meet its anticipated 75% satisfaction rating for this area.

The 2007-08 objective to reorganize ISD to provide better service has been eliminated as this is an ongoing effort and changes are implemented regularly to improve efficiency and overall service.

In addition, ISD is continuing to review its cost recovery methodologies to improve service rate accuracy. The department is evaluating new metrics by which the cost for utilization of WAN and circuits can be recovered. The new metrics are designed to recover costs for these services based on actual usage, as opposed billing for these services based on the number of email accounts held by a customer. The resulting benefit is that costs will be more accurately recovered and departments will be inclined to monitor their usage due to potential financial impact. In addition, this approach may mitigate the bandwidth capacity issues across the WAN. ISD will present the new metrics and impacts to the County Administrative Office in 2007-08 to determine implementation feasibility and timeline.

ISD continues to focus on improving business processes and service expectations. The department is implementing policies and procedures to enable specific Application Development teams to utilize the newly created Quality Control unit. By utilizing this unit to review applications prior to implementation, Application Development programmers can avoid duplication of effort resulting in greater efficiency. The main function of the Quality Control unit is to test and debug applications prior to their deployment, minimizing issues and costs associated with deploying new applications. ISD anticipates 98% success rate for all applications reviewed by the Quality Control unit in 2007-08.

GOAL 3: IMPROVE TELECOMMUNICATION AND DATA TRANSMISSION CAPABILITIES TO RESPOND TO EMERGENCIES AND DISASTERS

Objective A: To obtain and implement a mobile disaster recovery unit with telephone and data transmission capabilities to be utilized in emergencies.

Objective B: To increase the 911 calling line identification accuracy at 22 county campuses.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Implementation of a mobile disaster recovery unit.	N/A	N/A	N/A	N/A	100%
3B. Implement enhanced 911 calling line identification software and hardware.	N/A	N/A	N/A	N/A	100%

Status

Due to the recent fire emergencies in the county, and those over the past several years, ISD has identified the need to rapidly deploy communication infrastructures to support county emergency services and facilitate the ability of other county, state, and federal agencies to administer services. The estimated cost for the mobile unit, electronic hardware and software components is \$180,000 and will be funded via the WAN and dialtone rates.

ISD intends to implement enhanced 911 calling line identification to the county's 22 campus telephone environments. This will enable dispatchers to accurately pinpoint where emergency callers are located, improving emergency response times at these locations. The estimated cost of implementing enhanced 911 software and hardware is \$120,000 and will be funded through the dialtone rate.



ISD Help Desk



ISD Help Desk



ISD Product Support

APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Brief Description of Policy Item	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. In 2006-07, the department received 2.0 additional positions and \$475,155 in ongoing general fund financing to support the enhanced functionality of the new Geographic Information System (GIS). In 2007-08, the department received \$85,000 in ongoing funding to support GIS.	2.0	560,155	-	560,155
2. In 2006-07, the department received \$95,997 in ongoing general fund financing for the addition of 1.0 Programmer Analyst III to support the Employee Management and Compensation System (EMACS).	1.0	95,997	-	95,997
3. In 2007-08, the department received \$758,723 in one-time, and \$143,311 in ongoing funding for the design and implementation of an off-site disaster recovery system.	-	902,034	-	902,034
4. In 2007-08, the department received 1.0 position and \$65,711 in ongoing general fund financing to enhance multi-media services to facilitate public access to information.	1.0	65,711	-	65,711

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Percentage of data conversion from the existing coverage format to the latest Spatial Database Engine format that has been completed.	N/A	75%	75%	100%	N/A
Percentage of applications upgraded to newest ESRI software platform. (currently 30)	N/A	N/A	N/A	N/A	25%
P2. Percentage of EMACS backlog projects completed (40 as of 2006-07).	N/A	N/A	10%	10%	10%
P3. Percentage of disaster recovery site completed.	N/A	N/A	100%	100%	N/A
P4. Percentage of multi-media service projects completed on time.	N/A	N/A	N/A	N/A	95%

Status

With the 2.0 additional Programmer Analyst positions received in 2006-07 and the funding for software licensing and hardware in 2007-08, the department was able to process the 2007 aerial imagery and exceed the 2007-08 target performance measure of data converted to the latest Spatial Database Engine for GIS. As this performance measure has been met, ISD intends to utilize these two positions to begin upgrading the existing library of GIS applications. This process will entail updating vendor software and building a GIS framework to improve overall performance, standardize GIS development, and better protect the county from future lengthy and costly upgrades. ISD will start updating GIS applications to use the new vendor software and framework beginning in 2008-09, and the new performance measurement will be implemented.

The department also received ongoing funding for a Programmer Analyst to support EMACS in a joint policy item with the Human Resources Department and the Auditor/Controller-Recorder, for the purpose of improving payroll processing accuracy and to help alleviate project backlogs. The department experienced difficulty recruiting an applicant possessing knowledge of the PeopleSoft application, and the position was not filled until the end of 2006-07. ISD anticipates meeting the performance measure to have alleviated 10% of backlog projects by the end of 2007-08.

ISD anticipates meeting the performance measure to have 100% of the alternative disaster recovery site completed in 2007-08. In 2008-09, the department plans to conduct integration disaster recovery testing to ensure the alternative disaster recovery site is functioning as intended. Depending on completion of the WAN redesign, ISD will seek to geographically cluster servers at its Gilbert street location and the alternative disaster recovery site to provide for fail-over and redundancy capabilities. ISD will also conduct a disaster recovery analysis for stand alone servers and make recommendations to their correlating departments and the County Administrative Office. There are no additional costs associated with the 2008-09 disaster recovery efforts.

The addition of 1.0 Multi-media Coordinator position has enabled the department to meet all project deadlines within time schedules requested by customers. Multimedia services related requests have increased by 30% and ISD has been able to successfully meet this increased demand as a result of this additional position.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

Brief Description of Policy Item, CIP, or BPI reserve funds request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Obtain ongoing funding for annual digital imagery of the entire county to provide accurate GIS services. (Policy Item) The county's populated areas and landscapes change from year to year resulting in necessary updates to GIS data. This data is collected by aerial photography taken by flyovers of the county. The information is used to produce various maps including flood zones, fire areas, etc. This policy item supports ISD's goal of "Providing technology solutions that enable customers to serve the citizens of the county." Updated annual digital imagery will ensure the county can readily respond with accurate information to daily requests, and emergency situations as needed.	-	75,000	-	75,000
2. Obtain one-time funding for the design and implementation of a multimedia services studio at the County Government Center. (CIP Request) To support the Board of Supervisors' efforts to make information readily available to citizens of the county, ISD is requesting \$100,000 in CIP funding for the design and construction of a multimedia studio. Implementing the county's own multimedia studio will facilitate the various requests for public service announcements, training videos, etc. from the Board of Supervisors and county departments. This will allow for timely production of quality and professional multimedia products and services and reduce the time and costs associated with traveling to an outside studio.	-	100,000	-	100,000
3. Obtain one-time funding for multimedia equipment, and ongoing funding to support the new multimedia services studio at the County Government Center. (Policy Item) To support the Board of Supervisors' efforts to make information readily available to citizens of the county, ISD is requesting \$150,000 in one-time policy item funding to purchase and install multimedia equipment in the new studio. ISD is also requesting \$44,000 in ongoing funding to support the studio and refresh equipment as needed. Implementing the county's own multimedia studio will facilitate the various requests for public service announcements, training videos, etc. from the Board of Supervisors and county departments. This will allow for timely production of quality and professional multimedia products and services and reduce the time and costs associated with traveling to an outside studio.	-	194,000	-	194,000
4. Set aside ongoing funding of \$20 million per year for the replacement of the county's 800 MHz radio system. (Policy Item) The county's regional public safety radio system that integrates countywide sheriff, police and fire emergency radio dispatch capabilities is approximately 18 years old and is no longer supported by the vendor. The current system operates on an analog platform and all new system platforms are digital. Moving to a digital platform will ensure future interoperability with both internal and external public safety organizations, and minimize support issues, costs, and potential service outages. A preliminary estimate to replace the existing system is \$250 million, which is not included in the current 800 MHz radio access rate.	-	20,000,000	-	20,000,000

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Installation of updated digital imagery on county GIS system.					100%
P2. Completion of the multimedia studio at the County Government Center.					100%

2008-09 PROPOSED FEE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST

ISD maintains board approved contracts for major services, however, the department provides other services on a fee for service basis without a contract. ISD will be incorporating fees for these services into the County Fee Ordinance, based on Board approved rates.

SERVICE IMPACTS

Implementation of these fees will not impact ISD, as the department has been receiving payment for services under the existing rate structure for all services which will now be included in the County's Fee Ordinance.

If there are questions about this business plan, please contact Stephen Hall, Chief Information Officer, at (909) 388-5501.



Installation of 800 MHz radio antennae



Alignment of microwave transport antennae



Technology Operations Enterprise Monitoring Center



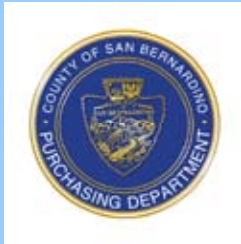
Technology Operations Automated Tape Library Subsystem



Laurie Rozko
Interim Director

Mission Statement

The Purchasing Department is dedicated to managing for our customers the most cost-effective and efficient procurement of quality goods and services in support of the County of San Bernardino mission and goals. We will accomplish this through exceptional customer service, innovative processes, and sound business practices.



GOALS

**EXPAND TRAINING FOR
PROCUREMENT AND
INTERNAL SERVICE
PROCEDURES**

**INCREASE THE NUMBER
OF ACCREDITED
BUYERS**

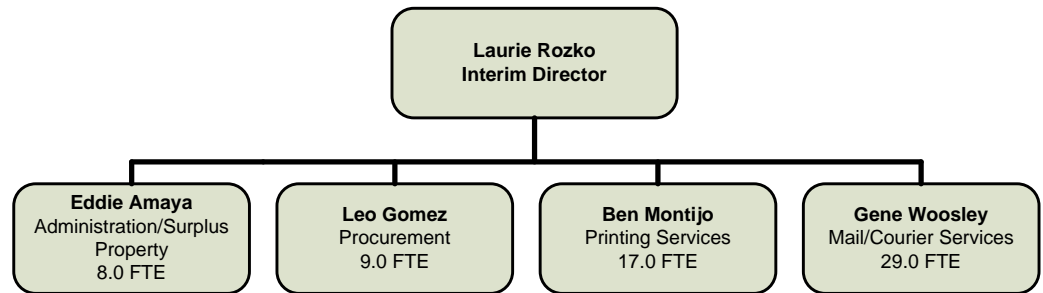
**STREAMLINE THE
REQUEST FOR
PROPOSAL PROCESS**

**IMPLEMENT A COUNTY
TRAVEL WEBSITE**

**INCREASE SURPLUS
PROPERTY SALES**

PURCHASING

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Purchasing Department is responsible for the acquisition of equipment, services, and supplies used by county departments and special districts under the governance of the Board of Supervisors. In addition, certain services are available to outside agencies and municipalities. Purchasing manages three internal service programs—Printing Services, Surplus Property and Storage Operations, and Mail/Courier Services.

The Purchasing Department strives to provide outstanding service to all customers by acting with integrity; providing quality products with reasonable prices and timely deliveries; offering progressive services and the effective use of automation; giving all willing vendors the opportunity to provide pricing on their products and services in a fair, open, and competitive environment; and by treating each department, employee, and vendor with respect and understanding. By meeting these objectives, the Purchasing Department fulfills the purchasing responsibility and legal requirements of the County of San Bernardino.

2007-08 SUMMARY OF BUDGET UNITS

	Operating Exp/ Appropriation	Revenue	Local Cost	Revenue Over/ (Under) Exp	Staffing
<u>General Fund</u>					
Purchasing	1,307,588	50,000	1,257,588		15.0
Total General Fund	1,307,588	50,000	1,257,588		15.0
<u>Internal Service Funds</u>					
Printing Services	3,665,519	3,708,849		43,330	18.0
Surplus Property and Storage Operations	4,645,121	4,706,000		60,879	5.0
Mail/Courier Services	7,067,755	7,093,188		25,433	30.0
Total Internal Service Funds	15,378,395	15,508,037		129,642	53.0
Total - All Funds	16,685,983	15,558,037	1,257,588	129,642	68.0



Central Mail Logo



Printing Services Logo



Surplus Property & Storage
Operations Logo

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: EXPAND THE PURCHASING TRAINING PROGRAM FOR PROCUREMENT AND INTERNAL SERVICE FUND POLICIES AND PROCEDURES

Objective A: Prepare Purchasing staff to conduct training at department sites.

Objective B: Advertise training on Countyline, by email, and through payroll inserts.

Objective C: Survey county employees who have attended the training to receive feedback.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Percentage of County departments that receive training sessions. (64 departments)	N/A	.05%	16%	50%	80%

Status

This goal reflects the Purchasing Department's effort to fully inform county departments of its core mission and services. Training focuses on specific topics that have been chosen by user departments, and is conducted in small groups for no longer than two hours. The training is free of charge and is presented at the requesting department's work location whenever possible. Through the Single Point of Contact (SPOC), the procurement staff is providing training sessions to their assigned departments and establishing a regular training schedule to be used throughout the year. The goal of the training is more efficient procurement, policy compliance, and increased usage of the Department's three Internal Service Funds - Printing Services, Surplus Property and Storage Operations, and Mail/Courier Services. By capturing the percentage of County departments that receive training sessions, the Purchasing Department will ensure that departmental staff, including newly assigned employees, is trained on an ongoing basis.

GOAL 2: INCREASE THE NUMBER OF BUYERS THAT EARN THE C.P.M. ACCREDITATION WITHIN THE PURCHASING DEPARTMENT

Objective A: Acquire training materials from the Institute of Supply Management or attend classes conducted by the California Association of Public Purchasing Officers (CAPPO).

Objective B: Set up a departmental training program whereas buyers will be able to study for the C.P.M. examination during designated study times.

Objective C: Have buyers take and pass appropriate exams for Certified Purchasing Manager accreditation.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2C. Percentage of buyers that have earned the C.P.M. accreditation (current staff is 9 buyers).	N/A	22%	20%	22%	33%

2006-07 ACCOMPLISHMENTS

- ❖ Recipient of the "Achievement of Excellence in Procurement" Award from the National Institute of Governmental Purchasing
- ❖ Closed Central Stores and successfully instituted Just-in-Time direct shipments to departments
- ❖ Enhanced procurement for County departments by increasing purchasing limits
- ❖ Automated the vendor registration process on the internet to capture more data and electronically contact vendors, in order to provide better vendor lists to departments and expand product offerings
- ❖ Expanded the CAL-Card Program countywide, to expedite purchasing of and payment for low-value items
- ❖ Offered departments a Single Point of Contact (SPOC) for user-friendly purchasing service



Status

The Purchasing Department encourages staff to acquire professional certifications. Currently, two buyers are C.P.M. accredited. For buyers, this accreditation is nationally accepted as a standard of competence and knowledge for the purchasing and supply management field. Classes conducted by CAPPO, along with the establishment of a departmental training program, will enable buying staff to pass the appropriate examinations and become C.P.M. qualified. The result of this goal will be the most professional, qualified, and knowledgeable staff that are fully trained in all county, state, and federal purchasing laws.

GOAL 3: STREAMLINE THE REQUEST FOR PROPOSAL (RFP) PROCESS FOR COUNTY DEPARTMENTS

Objective A: Standardize two RFP templates (one for services and one for supplies).

Objective B: Post and regularly update templates on the Purchasing website for countywide access.

Status

This was presented as Goal 4 in 2006-07. Multiple RFP formats are being used in county departments. By creating templates, the process of preparing RFP's and awarding contracts will be more efficient and accurate, with less risk of legal issues and appeals. Templates are expected to be completed by spring 2008 and will be updated continuously as needed. Departments will be notified of any significant changes to the templates through county email and by their SPOC.

The performance measure from this goal was removed because it does not accurately reflect the Purchasing Department's activity. Purchasing staff work with departments on a weekly basis to assist them with their RFPs. The measure for 2006-07 measured changes posted to the template. Posting changes for departmentally specific reasons or changes made from mandates are not necessarily indicators of a streamlined system. Therefore, Purchasing will retain this as a goal in 2008-09 and evaluate the process for future quantifiable measurements.

Removal of 2006-07 Goal

Goal 3, from the 2006-07 Business Plan (Re-advertise the Capabilities of the Intelligent Inserting of Mail to County Departments and any Outside Agencies and Municipalities), was removed. The reason for the removal is due to the fact that information regarding Mail/Courier Services was incorporated into the Purchasing Training Program.

GOAL 4: IMPLEMENT THE COUNTY TRAVEL WEBSITE FOR COUNTY BUSINESS TRAVEL

Objective A: Arrange contractual agreements with rental car, airline, and hotel vendors.

- *Develop an intranet travel portal*
- *Advertise the county travel website to employees*
- *Generate management reports regarding travel*

Objective B: Work with the County Administrative Office to update travel policies.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
4A. Percentage of County departments that are using the travel website (64 departments).	N/A	N/A	N/A	N/A	40%

Status

This is a new goal for 2008-09, to garner savings by consolidating purchasing, with an objective of establishing various contractual agreements over a two-year period. By utilizing existing volume purchasing contracts and exploring options to negotiate with other vendors, lower rates will be obtained with travel vendors whenever possible. The County Travel Website will provide reservation services through a travel portal on the Purchasing intranet site, allowing for CAL-Card purchases or direct billing. A primary result of this initiative is to generate management reports regarding county travel expenditures, by department, to ensure that departments are receiving the maximum return on their investment in travel.

GOAL 5: INCREASE COUNTY SURPLUS PROPERTY SALES

Objective A: Create the webpage on the Purchasing Department intranet website for internal county sales.

- *Enable online viewing, inquiries, and purchases*
- *Re-use surplus property within the county*
- *Increasing throughput in the warehouse*
- *Advertise the webpage to county employees*

Objective B: Use the internet auction site Public Surplus for external public sales

- *Increase departmental revenue*
- *Enable online viewing, bidding, and purchases*
- *Minimize labor costs and logistical complications related to live auctions*
- *Advertise the website and online auctions to potential bidders*

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
5A. Percentage of county departments that are purchasing surplus property. (64 departments).	N/A	N/A	N/A	N/A	25%
5B. Percentage of public auctions that result in sale on Public Surplus website. (Baseline 400)	N/A	N/A	N/A	N/A	25%

Status

This is a new goal for 2008-09. This goal represents a commitment to improve customer service in regards to the Purchasing Department's mandate to dispose of county surplus property in a cost effective manner. Currently, county departments must view surplus property at the Purchasing Department's warehouse. Departments tag property and arrange for pickup. Upon implementation of a Surplus Property Webpage, surplus property will be available first to county departments, then community-based organizations (in conjunction with Human Services), and finally auction vendors, in accordance with County Policy 11-09.

In addition, the department has begun selling surplus information technology equipment on the internet auction website Public Surplus. The general public can now purchase equipment, remit payment, and claim it at the warehouse.

Removal of 2006-07 Goal

Goal 5, from the 2006-07 Business Plan (Create an Interactive Requisition Form), was removed. Purchasing posted this form on our intranet web page. It's titled "Requisition Form". The form is interactive; you can fill it out online, and submit it to the Purchasing Department along with your quotes. We are still working on finding out what departments are using the interactive form. This will be completed by the end of the fiscal year.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Additional staffing for CAL-Card, Travel Website, and Printing Services (Policy Item)	1.0	40,962	10,241	30,721

The countywide expansion of the CAL-Card Program and initiation of the county travel website necessitates an additional clerical support position. The department is requesting an additional Office Assistant II (OA II) to respond to emails and phone calls regarding the CAL-Card guidelines, process applications, schedule training, and destroy canceled cards. In addition, the OA II will support the travel website program by maintaining daily automated logs, responding to inquiries, and generating monthly reports. The OA II will also support the ARMC forms program and database on a daily basis. This position would also coordinate with Printing Services regarding a variety of advertising initiatives for these same programs.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1. Percentage of departments utilizing both the CAL-Card and the county travel website.					50%

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Laurie Rozko, Interim Director, at (909) 387-2074.



Laurie Milhiser
Director

Mission Statement

Risk Management seeks to minimize the frequency and severity of financial loss to the County through a coordinated integrated risk management program that includes identification and assessment of exposures that can result in loss, effective risk reduction and loss prevention programs for identified risks, aggressive claims management, and fiscally responsible risk financing and recovery.



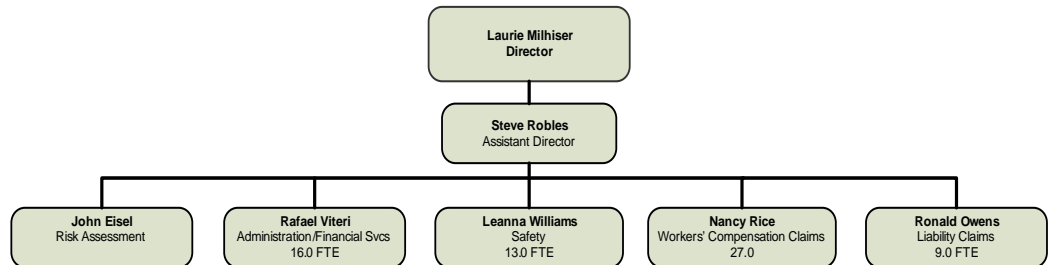
GOALS

**MINIMIZE RISK
MANAGEMENT COSTS
AND STABILIZE
PREMIUMS CHARGED
TO COUNTY
DEPARTMENTS**

**IMPROVE CUSTOMER
SERVICE BY PROVIDING
INTERACTIVE
COMMUNICATION OF
RISK MANAGEMENT
DATA**

RISK MANAGEMENT

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Risk Management Department is comprised of safety and loss control, workers' compensation claims administration, liability claims administration, and finance and administration. Safety and loss control staff are assigned to support high-risk areas of county operations such as the Arrowhead Regional Medical Center (ARMC), Sheriff, Fire, and Special Districts. Additional safety and loss control staff provide support to other county departments and provide training for county employees in areas such as safe driving and Occupational Safety and Health Administration (OSHA) mandated programs. Safety and loss control staff have a major focus on reducing repetitive motion injuries through aggressive ergonomic training.

Workers' compensation claims administration staff focus on providing the best possible care to ill and injured workers at the most economical cost. Workers' compensation benefits are defined by the State of California and recent reforms have improved the way care is provided to ill and injured workers and many cost control measures have been instituted. The workers' compensation claims administrators are charged with understanding and implementing the complex delivery system, while focusing on getting ill and injured workers well and back to work as quickly as possible.

Liability claims administration staff manage the myriad of claims presented to the county by third parties. Liability Claims adjusters coordinate the settlement of legitimate claims with insurance carriers and approve payments from self-insurance funds. Working with County Counsel and outside law firms, the adjusters manage the defense of disputed claims and provide support as needed.

Finance and administration oversee approximately \$160 million in self-insurance funds. In collaboration with the Director of Risk Management, the administrative section manages all aspects of the county insurance programs and oversees the placement of insurance to provide the broadest possible coverage at the most economical cost. Risk assessment works with departments to assure that contracts contain risk transfer language and insurance requirements to protect the interests of the county.

2007-08 SUMMARY OF BUDGET UNITS

	Operating Exp/ Appropriation	Revenue	Revenue Over/ (Under) Exp	Staffing
Internal Service Funds				
Operations	7,082,321	7,082,321	-	72.0
Insurance Programs	70,334,073	106,326,183	35,992,110	-
Total Internal Service Funds	77,416,394	113,408,504	35,992,110	72.0

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: MINIMIZE RISK MANAGEMENT COSTS AND STABILIZE PREMIUMS CHARGED TO COUNTY DEPARTMENTS

Objective A: Improve contract management relative to risk transfer.

Objective B: Reduce the average cost per claim for workers' compensation and general liability.

Objective C: Achieve 80% "target" confidence level in self-insurance funds as recommended by actuarial analysis.

Objective D: Evaluate alternative insurance placements and combinations of insurance and self-insurance to minimize the cost of risk.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Percentage of verified compliance with contractual insurance requirements.	<50%	52%	80%	75%	80%
1B. Reduce average cost per workers' compensation claim. Reduce average cost per general liability claim.	\$19,732 \$11,179	\$12,490 \$ 9,144	≤\$18,500 ≤\$10,000	≤\$18,500 ≤\$10,000	≤\$18,000 ≤\$ 9,500
1C. Funding percentage of insurance funds at 80% actuarial confidence level.	N/A	N/A	100%	100%	100%
1D. Reduce total cost of risk.	N/A	N/A	N/A	N/A	10%

Status

The Risk Management budget is funded by premiums paid by all county departments, therefore, controlling expenditures is beneficial to all county departments. Factors that strongly influence risk management costs are the frequency of loss (number of losses or injuries in a given period), the severity of loss (actual dollars paid once a loss or injury occurs), and the cost of insurance premiums. An additional factor influencing premiums charged to county departments is the restoration of fund balances or reserves to cover self-insured or retained losses that fall below insurance levels.

During the 1990's, severe budget problems resulted in a lack of premium assessments and, consequently, funds to pay these retained losses were reduced well below prudent levels. In 2001, a commitment was made to restore the fund balances to a prudent level by June 30, 2008 (defined as the 70% marginally acceptable confidence level as estimated by actuarial analysis). Thus, premiums charged to departments are based upon the amount of money needed to fund current expenses, plus an additional amount to restore the insurance fund balances. By the end of 2006-07, 80% of Risk Management funds had attained the 70% confidence level target. As a result of the county's favorable financial condition, it was decided to increase the confidence levels from a marginally acceptable 70% to a more conservative 80%. This target is expected to be achieved by June 30, 2008. Once these reserves have been restored, premiums charged to departments should be stabilized and are anticipated to be reduced.

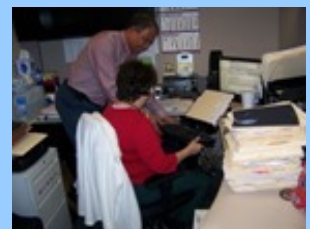
In 2006-07, a new insurance certificate tracking system was implemented, however, data conversion from the prior vendor created some difficulty in bringing the system to full function. As a result, the percentage of verified compliance with contractual insurance requirements was directly impacted for 2006-07. In 2007-08, the department expects the level of compliance to increase once an updated standard practice for insurance requirements is approved, and departmental staff have been trained on utilization of the new system.

2006-07 ACCOMPLISHMENTS

- ❖ Met the 4th year goals of the five year funding program to restore prudent balances in the self-insurance funds
- ❖ Completed Broker of Record request for proposals (RFP)
- ❖ Completed Claims System Administration RFP
- ❖ Began migration to new claims system
- ❖ Completed new design and reconstruction of website
- ❖ Completed office remodel



Safety services in action!



Ergonomic Evaluation

Historically, the county has attempted to maximize the purchase of insurance because of the inadequacy of self-insurance reserves. With the commitment to fund the reserves at conservative levels, comes the opportunity to reduce the amount of insurance purchased and the premiums paid for insurance. The department contracted with a consultant to perform a risk retention study designed to help the county evaluate risk-financing options beyond just the purchase of insurance. In addition, the actuarial consultant was asked to provide estimated ultimate costs of claims based on assumed higher self-insurance retentions. A broker/consultant has been retained to do a comprehensive review of all insurance placements, which will incorporate an analysis of whether a change in the ratio of insurance to self-insurance will result in a reduction in the overall cost of risk.

Claims related expenditures for the Workers' Compensation program remained under \$20 million for a third straight year. This increased the savings for this program to approximately \$13 million over the last three years. The average cost of Workers' Compensation claims is also projected to be higher during 2007-08 as a result of the impact of inflationary components built in the latest legislation, and because of the possible approval of proposed legislation that will institute changes against the reforms brought by SB 899. Liability claims expenditures experienced a higher severity in recent months which compels the department to project a higher average cost per claim for 2007-08.

GOAL 2: IMPROVE CUSTOMER SERVICE BY PROVIDING INTERACTIVE COMMUNICATION OF RISK MANAGEMENT DATA

Objective A: Upgrade department management information system.

Objective B: Implement Risk Management dashboard to provide real-time loss data and information to departments.

Objective C: Establish the position of Claims Manager.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage increase of visits to the Risk Management website. (currently 130/month)	N/A	N/A	50%	50%	50%
2B. Percentage of departments with online access to dashboard.	N/A	N/A	New	10%	100%
2C. CSAC audit results percentage. (90% in 2007-08)	N/A	N/A	New	90%	95%

Status

During 2006-07, Risk Management introduced the concept of Integrated Risk Management to county departments. This is a paradigm shift that seeks to align the strategies, processes, people, technology and knowledge in the organization to meet risk management objectives. In order to successfully integrate this concept into daily operations there is a need to provide departments with better access to risk management data and information. The upgrade of the Risk Management claims system and the creation of a risk management dashboard customized for each department will assist in reaching this objective. Risk Management will provide information monthly, and departments will be able to access the information at any time. An upgrade to the Risk Management website will incorporate this tool and make it available to a wider audience. The dashboard will have workers' compensation claim status, contractual compliance status, and claim related financial status. This goal and related objectives addresses the need to provide accurate, timely information to county departments which will assist them in meeting their risk management obligations.

In addition, the department intends to create a new Claims Manager position. This position will have responsibility for assisting departments in reducing the cost of claims. Of equal importance, however, is that the new Claims Manager position will allow the Claims Supervisors to spend more time working with and evaluating the performance of Claims Adjusters. The CSAC excess insurance programs conduct periodic audits of the county's claims administration. These audits have identified a need for increased supervision and oversight of adjusters. The county's Service FIRST Program has also increased the service level expectation. The Claims Manager, in conjunction with the Claims Supervisors, will be charged with training and monitoring staff performance toward the goal of improving customer service.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

The department is not requesting any additional general fund financing for 2008-09.

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Laurie Milhiser, Director, at (909) 386-8620.



Patrick Petre
Hospital Director

Mission Statement
Arrowhead Regional Medical Center provides quality health care to the community.



GOALS
INCREASE SELECTED MEDICAL CENTER VOLUMES

ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS

DEVELOP/IMPLEMENT SOUND COST CONTAINMENT STRATEGIES

ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES

MAINTAIN/IMPROVE THE IT INFRASTRUCTURE



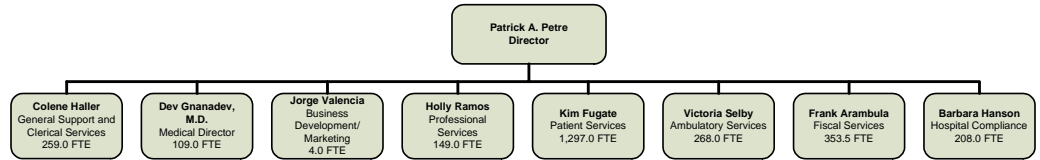
373 Inpatient Beds



Level II Trauma Center

ARROWHEAD REGIONAL MEDICAL CENTER

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state of the art, acute care facility embracing advanced technology in all patient care and support areas. The Medical Center offers the latest in patient care by providing a full range of inpatient and outpatient services, three off campus community health centers, Department of Behavioral Health's inpatient activities and numerous specialty services. Freeway access, shuttle service and locale as an Omnitrans bus hub makes ARMC convenient to county residents.

The campus houses five buildings which also serve to outline the definitive services/medical center functions: Behavioral Health, Hospital, Outpatient Care Center, Diagnostic & Treatment and the Central Plant.

The hospital and behavioral health facilities are comprised of 373 (90 behavioral health and 283 hospital) inpatient rooms, most of which are private. The Emergency Department is a Level II Trauma Center and consists of 15 observation rooms, 8 treatment rooms, 3 law enforcement holding rooms and 8 trauma rooms. In 2005, an Emergency Department remodel added a 9 bay Rapid Medical Emergent Treatment area to expedite treatment and improve throughput. The helicopter landing area can accommodate both standard medi-vac helicopters and military helicopters. The outpatient care center consists of 109 examination rooms and 8 procedure rooms.

The Medical Center remains one of the most technologically advanced health care institutions in the entire country. It is also seismically sound, capable of withstanding an 8.3 magnitude earthquake, and is designed to remain self sufficient and functional for a minimum of 72 hours.

Inpatient Care: Inpatient services provide curative, preventative, restorative and supportive care for general and specialty units within the General Acute Care Hospital, Behavioral Health Hospital and Home Health. Care is coordinated among multiple care providers responsible for patient care twenty-four hours a day.

The clinical staff serves as the primary interface with patients, families, and others throughout the hospital experience. Education is a primary focus. ARMC offers numerous Residency Programs for the training of physicians in Family Practice, Emergency Medicine, Surgery, Neurosurgery, Women's Health, Internal Medicine and Psychiatry.

Inpatient Service lines include:

- Inland Counties Regional Burn Center - provides total burn care to patients of all ages and serves San Bernardino, Riverside, Inyo and Mono Counties.
- Medical Intensive Care (MICU) and Surgical Intensive Care (SICU) – providing critical care for medical and surgical patients requiring continuous monitoring, assessment and treatment.
- Neonatal Intensive Care Unit (NICU) – providing critical care for newborn premature/fragile infants.
- Maternal Child Services – providing labor, delivery, maternity and postpartum services.

- Newborn Nursery – providing full services for newborn infants.
- Operative Services provides surgical, invasive and peri-operative for all surgical procedures excluding cardiac. It is comprised of 15 OR suites, a three room Specialty Procedure Lab, Pre-Op Holding Area, Post Anesthesia Care Unit (PACU), Ambulatory Surgery Care (ASC), Pre-Op Clinic, Pain Clinic and three Obstetrical/Gynecological Operating Rooms.
- Pediatrics – providing assessment, observation and treatment of pediatric patients.
- Medical Surgical Services – Geriatrics, Orthopedics, telemetry patients requiring assessment, observation and treatment.
- Specialty Services – offered to patients who have special needs such as Dialysis, Cancer Care, Transplant (kidney) and wound care. Patient evaluation, follow-up, diagnostic planning, treatment and case management is also provided.
- Behavioral Health – Adult inpatient psychiatric treatment services which include evaluation, assessment and treatment by interdisciplinary teams of psychiatrists, nurses, psychiatric technicians, clinical therapists and occupational therapists. The program offers medication administration, individual & group therapy and family education.

Outpatient Services: Outpatient Care is an integral part of our multifaceted health care delivery system offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care services in an ambulatory care setting. Visits have exceeded 221,000 annually, excluding the Emergency Room volume.

Outpatient Service lines include:

- Emergency Medicine – ARMC is a very busy Level II Trauma Center offering acute, emergent and urgent treatment of patients. Visits are currently in excess of 106,000 annually.
- Primary care – consists of three outlying Family Health Centers (FHC's), offering comprehensive primary medical care for children and adults. These are community clinics that provide preventive, obstetrical and gynecological care, family planning services, well child visits, immunizations, health education and referral to specialty services:
 - Fontana Family Health Center – Ivy Ave., Fontana
 - McKee Family Health Center – Highland and Sterling, San Bernardino
 - Westside Family Health Center – 8th Street, San Bernardino
- Specialty Clinics (ten) including:
 - Infusion Therapy – provides therapeutic and supportive care to adult oncology patients and their families as well as chemotherapy, blood products, IV hydration and antibiotics.
 - Internal Medicine – offering subspecialties of cardiology, lipid management, chest, diabetic, nephrology, endocrinology, gastroenterology, hematology, neurology and rheumatology.
 - Surgery – sub-specialties of general surgery, wound care, burn care, urology, minor surgery and neurosurgery.
 - ENT/ Audiology/Dental/Oral Surgery (Subspecialties of Surgery Clinic) – providing services for diagnosis and treatment.
 - Ophthalmology (Subspecialty of Surgery Clinic) – pre-operative evaluation and post operative care
 - Women's Health – offering comprehensive pregnancy services from preconception counseling to postpartum care including high risk maternal / child care.
 - Orthopedic clinic – a wide range of services for diagnosis and treatment of diseases and abnormalities of the musculoskeletal system with emphasis on upper extremity, joint reconstruction, trauma, and spine.

2006-07 ACCOMPLISHMENTS

- ❖ 2006 NACo Achievement Award - Patient Visit Redesign - McKee FHC
- ❖ 2007 NACo Achievement Award - the Breast Management Pathway
- ❖ Dr. Dev Gnanadev – CMA President Elect
- ❖ Dr. Joe Corless – AAFA Physician of the Year
- ❖ OneLegacy Recognition Award - Organ Donation

❖ Successful Programs

- Breathmobile – "asthma clinic on wheels"
- "Walk-Run" fitness project
- Annual Breastfeeding Fair
- Annual Health & Safety Fair
- "Admin Grand Rounds" - Residency Programs
- Annual Foundation Golf Classic
- Victim's Advocacy Program
- Psychiatry Residency

❖ Successful Surveys

- Residency Programs
- Laboratory-CAP & CLIA
- ACS Oncology Svs
- ACS Trauma Svs

❖ Grant Awards

- AAFA-Breathmobile
- HRSA - Linear Accelerator
- Kaiser- Q. I.
- First Five - Dental



- Pediatric clinic – a variety of comprehensive services to children 0–18 years of age, well child visits, immunizations, high risk follow-up, sick child walk-in visits as well as pediatric specialty services of cystic fibrosis, neurology, endocrinology, asthma, diabetes, genetics, allergy, cardiology and hematology.
- Family Elder & Geriatric Care – serving elderly and frail elderly adults, their support systems, caregivers and families, offer consultative services for seniors, geriatric evaluation and management.
- Rehabilitation Clinic – conducts evaluations for State Disability, Rehabilitation/Treatment of amputees, spinal cord injuries, and strokes. Referrals are to Physical Therapy, Speech, Occupational Therapy and Prosthetics.

Ancillary/Support & Specialized Services: Complex healthcare systems are comprised of numerous ancillary and support departments that offer specialized diagnostic, treatment, rehabilitation and continuum of care services to both the inpatient and outpatient programs of the Medical Center, Those services include:

- **Medical Imaging Department (Radiology)** – utilizes a digitized imaging and archiving system which replaces x-ray film. Radiologists can remotely access and read images for expedited diagnostic interpretation. The Medical Imaging Department also performs Bone Densitometry, Mammography, CT scanning, MRI, Ultrasound, Nuclear Medicine, and Radiation Oncology.
- **Neurodiagnostics** – offers both inpatient and outpatient diagnostic studies. Tests performed include electroencephalograms (EEG), Continuous EEG, Electromyogram (EMG), Nerve Conduction studies and transcranial Dopplers.
- **Clinical Laboratory** – responsible for inpatient and outpatient diagnostic services which include chemistry, hematology, coagulation, urinalysis, bacteriology, cytology, virology, mycology, serology, TB, blood transfusions, autopsy and surgical pathology. Approximately 1.6 million tests are performed annually in this 24 hour service.
- **Pharmacy** – provides comprehensive inpatient and outpatient pharmaceutical services. The outpatient Pharmacy operates an automated prescription filling system called Optifill II. The patient submits the prescription and it is entered into the computer and reviewed by a pharmacist. Once accepted, a label is printed; the computer initiates filling the bottle and caps the prescription. Quality assurance is completed prior to presenting to the patient.
- **Rehabilitation Services** – includes Physical Therapy, Occupational Therapy and Speech Therapy. The department evaluates and treats patients with neuromuscular, musculoskeletal, sensorimotor, cardiovascular, and pulmonary disorders, and language dysfunction. The goal is to restore the patient's functional activities of daily living to the highest possible level.
- **Respiratory Care** – offers a thorough practice of routine, prophylactic and intensive respiratory care modalities including gas and aerosol therapy, conventional mechanical ventilation, high frequency oscillatory ventilation, airway management, CPR, blood gas acquisition and analysis, non invasive monitoring and placement of percutaneous tracheotomies.
- **Home Health** – includes rehabilitative care, IV therapy and wound care extended to patient's home to complete the continuum of care.
- **Health Information Library** – offers a catalog of CD ROM, journals and computers with internet access for health care research and up to date information.
- **Wound Care and Hyperbaric Medicine** – directed specifically toward the healing of chronic wounds. Services include diagnostic testing/sharp debridement, casting and strapping for compression therapy, and patient education. Hyperbaric Oxygen Therapy (HBO) is offered to patients with specific types of difficult to treat wounds that are known to respond to HBO per Undersea and Hyperbaric Medical Society (UHMS) guidelines.

2007-08 SUMMARY OF BUDGET UNITS

	Operating Exp/ Appropriation	Revenue	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Enterprise Fund					
Arrowhead Regional Medical Center	364,151,503	361,628,449		(2,523,054)	2,656.0
Total Enterprise Fund	364,151,503	361,628,449		(2,523,054)	2,656.0
Special Revenue Funds					
Tobacco Tax	2,258,056	1,717,828	540,228		-
Archstone Foundation Grant	44,509	10,802	33,707		-
Total Special Revenue Funds	2,302,565	1,728,630	573,935		-
Total - All Funds	366,454,068	363,357,079	573,935	(2,523,054)	2,656.0

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE SELECTED MEDICAL CENTER VOLUMES

Objective A: Increase Outpatient Clinic Visits through the continued implementation of outpatient visit redesign program in primary and specialty clinics.

Objective B: Reinitiate and grow Tattoo Removal Clinic business

Objective C: Continue to maintain upward trend in OB Deliveries

Objective D: Continue to grow Transplant Program

Objective E: Revitalize and grow Outpatient Plastic Surgery business

Objective F: Develop Inpatient Open Heart Program

Objective G: BURN Center: Pursue managed care contracts to increase marketability of Inpatient Burn services.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Percentage change of outpatient visits (number of visits).	N/A	(7.9%) (221,168)	4%	6.9% (236,464)	2%
1B. Reinitiate/Grow Outpatient Tattoo Removals (number of patients).	N/A	81	500	1200	1500
1C. Percentage increase in number of deliveries (3,780 in 2005-06).	N/A	5%	3%	5%	5%
1D. Grow Transplant Program (number of transplants).	N/A	7	16	10	12
1E. Resurgence of Outpatient Plastic Surgery (number of Plastic surgeries).	N/A	N/A	100	100	150
1F. Open Heart Surgeries – New Service.	N/A	N/A	N/A	N/A	50
1G. Increase average daily census for 14 Bed Burn Unit.	N/A	N/A	6.5	7.0	8.0

Status

1A. Outpatient visits at the Family Health Centers (FHC) and Specialty Clinics are on target for the first quarter 2007-08. A full time contracted physician was hired during this first quarter at Westside FHC. In an attempt to increase the clinic visits, the Medical Director for Ambulatory Services has assigned one of the attending physicians from the inpatient to outpatient services effective October 1, 2007. In an effort to stabilize the provision of services and increase clinic visits, Allied Health Care Professionals (PA/NP's) may offer a viable supplement to the provider staff. With medical provider stabilization, Patient visit redesign will be reviewed for feasibility of implementation to further enhance both throughput and capacity. The target of a 4% increase in outpatient visits was not achieved in 2006-07 due to difficulty in recruitment and retention of available providers in one of the three Family Health Centers.

In 2006-07, implementation of the Patient Visit Redesign Program began in the Family Health Centers and Specialty Clinics. Patient Visit Redesign is now complete at McKee and Fontana FHC's, Women's Health and Pediatric Clinic. Cycle times (the time from registration to the time of discharge from the clinic) have decreased in all redesign clinics, decreasing patient wait times and increasing throughput. McKee FHC had a cycle time decrease from 86 minutes to 33 minutes and was awarded the 2006 NACo Achievement Award. Internal Medicine is the next outpatient clinic slated for Patient visit redesign.

The Pediatric Clinic's cycle time improved from 120 minutes to 45 minutes. With the continuation of patient visit redesign in the Pediatric Clinic, a volume increase of 80-100 visits per month is estimated. To promote the Pediatric Program, a patient education and awareness program has been implemented, available in both Spanish and English, it outlines for parents the methods of accessing services. An IEHP (Inland Empire Health Plan) hotline was developed to assist our parent patients with provider enrollment (preventing auto assignment if selection is not made within 30 days) and offers answers to any questions they may have. Finally, the Pediatric

Service will explore the possibility of providing Pediatric Services at the Holt Clinic in Ontario, expanding service throughout the community.

- 1B. The Tattoo removal clinic was re-initiated in May 2007 to assist Correctional inmates and county residents who chose to have tattoos removed in an effort to facilitate re-entry into society and the job market following incarceration, gang participation, or disillusionment with visible body markings. Laser removal is utilized in several sessions to eliminate the skin markings. It is done in the outpatient setting as part of the surgery clinic. Within the first six weeks of opening, the clinic had seen 81 patients and in the first quarter of 2007-08, the number of visits has increased to 520. Continued upward trend is anticipated.
- 1C. In 2005-06, the number of infant deliveries at ARMC was 3,780. As part of reaching the goal of increasing admissions in acute care services, ARMC's objective was to continue that upward trend. In 2006-07, the number of deliveries increased to 3972 or 5%, which surpassed the target of a 1% increase, and in the first quarter of 2007-08, September proved to be a record month of 436 infant deliveries with a total for the quarter of 1165. The increasing service requirements of infant deliveries challenge available bed capacity on a daily basis. It is anticipated that the sixth floor remodel project slated for completion in the third quarter of 2009 will allow the growing post partum population to expand into the 3-South medical surgical area of the Nursing tower.
- 1D. The transplant program is directly supported by the provision of Renal Dialysis. In 2006-07, ARMC exceeded the target of 4 transplants, however for 2007-08 the target of 16 transplants will not be achieved. The growth of the program is dependant on the hospital's ability to support its volume and with the sixth floor expansion and the building of the Medical Office Building (MOB), it is the intent of the Medical Center to expand outpatient dialysis to 24 stations thus meeting the requirements of a much needed patient care service and enhancing the ability to grow the transplant program. Brochures are being completed and will be marketed directly to dialysis centers to educate the public and advertise the transplant services.
- 1E. A resurgence of outpatient Plastic Surgery is anticipated with the return of two ARMC plastic surgeons. The request to return to the Medical Center is motivated by the ability to deliver outpatient surgery in a familiar, state-of-the-art facility offering advanced technology and a safe environment for patient care. It has been the Medical Center's goal to increase the number of outpatient surgeries. The 2005-06 base was 4,764 and in 2006-07, the actual number of outpatient surgeries was essentially flat at 4,746. For the first quarter of 2007-08 the outpatient surgery numbers are 656. The focus in elevating outpatient surgeries will be on increasing the plastic surgery business. The re-addition of plastic surgery will enhance the overall outpatient surgery volume by an estimated 100 cases in 2007-08 and 150 cases in 2008-09. In an effort to increase the overall outpatient surgery volume and accommodate the additional service, operating room access, the hours of service for outpatient surgeries have been expanded. Additionally, unused operating room suites have been activated.
- 1F. ARMC's plan to develop a Cardiac Surgery Program will enhance care for county residents and allow ARMC to move toward a Level 1 Trauma Center designation. Currently, ARMC transports patients to other area hospitals when they require open-heart surgery and the Medical Center covers the cost for those without insurance. That cost exceeds \$2 million annually. A full scope cardiac surgery program will decrease contractual costs for cardiac procedures and surgeries and complement services at ARMC for attaining a Level I Trauma Center designation. Program implementation is targeted for the first quarter of 2008-09. An agreement has been entered into with a cardiac anesthesia group and the next steps will be to purchase the necessary equipment and contract with a cardiac surgery group. Proposals for Cardiac Surgery are currently being reviewed. In August of 2006, ARMC received Level II trauma-center verification from the Committee on Trauma of the American College of Surgeons (ACS), demonstrating that it has achieved the highest standards of quality care for injured patients. ARMC's Trauma Center is the only trauma center in San Bernardino and Riverside Counties currently verified by the ACS. The goal is to attain Level I designation by 2009, at which time ARMC will be surveyed again.
- 1G. ARMC's 14 bed Burn Unit currently runs at 35.7% capacity. There is current migration of burn patients to other Southern California burn units due to contracting issues. ARMC will assertively pursue a change in contracting strategy from percent of charges to per diems with high cost carve outs, demonstrating a willingness to share the risk of managing these patients. ARMC has had some success with individual cases. We are currently in discussions with Kaiser to convert our existing contract to per diems with high cost carve outs. Other payors are opportunities as well, as seen by the individual cases that have presented to ARMC. The nationally acclaimed Inland Counties Regional Burn Center is the only major burn center serving the four counties of Inyo, Mono,

Riverside, and San Bernardino. At the Burn Center, care is individualized to address each patient's requirements. Specialized nurses work with both general surgeons and plastic surgeons when caring for burn victims. Other members of the burn team include occupational and physical therapists, respiratory therapists, dieticians, a social worker and a psychiatrist.

The market economic nature of specialized healthcare services necessitates the appropriate pricing of Burn Unit services in order to build a strong program. Payors and patients have many options for these types of services. The Shared Risk format of this new strategy will improve our competitive nature of building incremental business with payors whom, up until now, have been reluctant to contract with ARMC.

2007-08 Performance Measures – removed from the 2008-09 Business Plan:

- 1B. The percentage of patients leaving the Emergency Department without being seen (LWBS) in 2007-08 decreased to 4837 (56%), while Emergency Room (ER) visits continued to rise, reaching greater than 106,000. The percentage of LWBS to total emergency department (ED) visits is a single digit number at 4.5%. That downward trend continues in the first quarter of 2007-08 and is projected to decrease an additional 15% as ER visits rise even further. An overall percentage of LWBS to total ED visits is targeted at 3.5% or less. ARMC will continue to monitor this performance measure internally, but it will be removed from the 2008-09 Business Plan.
- 1E. The targeted percentage increase in outpatient rehabilitation volume due to Workers' Compensation has not come to fruition. In 2006-07, a plan was developed and implemented to capture an increased portion of the workers' compensation referral base. This was a collaborative effort between Human Resources and ARMC through the Center for Employee Health & Wellness. ARMC held several events outlined in the marketing plan; however, the Medical Center has experienced some difficulty in joining the necessary Medical Provider Network. That application process is currently under review and will go forward for Board approval prior to 2007 year end. This project will continue, but will be removed from the 2008-09 Business Plan.

Note: Goals 1 and 2 in the 2007-08 Business Plan have been combined under Goal #1 for 2008-09 as "Increasing Selected Medical Center Volumes"

GOAL 2: ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS

Objective A: Continue to improve the financial screening and eligibility processes for government aid and new programs in the Emergency Department.

Objective B: Implement the Electronic Medical Record system with a targeted completion date of November 2008.

Objective C: Reorganize ARMC's Business Office to improve the revenue cycle components.

Objective D: Centralize and standardize the patient intake process at all points of entry for timely accurate information / data collection.

Objective E: Aggressively pursue claim denials related to charge capture, coding and medical billing compliance.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage increase of Medi-Cal Eligibility patients identified from screening for conversion from self-pay (number of patients).	N/A	6% (16,546)	5.5%	2% (16,878)	2%
2B. Electronic Medical Record – Administrative portion -development and completion.	N/A	N/A	N/A	50%	100%
2C. Actual cash collections as a percent of projected net patient revenues.	N/A	N/A	100%	105%	105%
2D. Decrease in error rate (error rate estimated at 60% for 2006-07).	N/A	N/A	30%	>10%	>10%
2E. Decrease of denial rate related to charge capture, coding and medical billing compliance. (As of 2007/08, denial rate is at 68%.)	N/A	N/A	34%	34%	6.2%

Status

- 2A. In 2007-08, ARMC set out with the overall goal of improving all aspects of the revenue cycle. The component departments included Registration, Eligibility, Health Information Management (HIM), Case Management, Charge Description Master, Information Management and Business Office operations. ARMC is making sound,

permanent progress with the coordinated efforts of each of these areas. ARMC has a higher percentage of revenue collected from Medi-Cal recipients versus self-pay patients. Therefore it is critical that every eligible Medi-Cal recipient be identified and billed as such. In 2005-06, ARMC identified 15,610 Medi-Cal recipients, and in 2006-07 this screening process identified an additional 6% of eligible patients or a total of 16,546. Although it was projected that this number would increase by 10% in 2006-07, ARMC was unable to reach its target. However, in both 2007-08 and 2008-09 this number is expected to increase by 2%.

- 2B. Understanding that the management of clinical information is crucial to responding to Medicare, Medi-cal, Managed Care and Commercial payor requirements, ARMC has endeavored to finish development of a complete electronic record. This will allow ARMC clinicians and revenue cycle professionals full access to medical records necessary to facilitate a more timely payment of the patient bill without the hindrance related to only having a sole paper record. No longer will future charts be unavailable to multiple clinicians as needed. Clinical documentation that facilitates timely billing would also be readily available. The record will be a combination of electronically transmitted and scanned information to provide the availability of a complete patient document. In 2007-08 it is anticipated that 50% of the development of the electronic medical record system will be completed with 100% completion reached in November 2008. However, the clinical aspects of electronic patient documentation will continue in separate specific computerized modules to attain the goal of electronic transmission of a total patient record by the recommended timeline of 2010.
- 2C. ARMC will establish a single department with global authority for obtaining the correct upfront information in a timely and complete manner, throughout the entire facility. An assessment of all current registration and eligibility processes is underway, and a priority list for conversion of frontline areas to a more centralized control has been developed. Staffing development and procedures are being developed for centralized control of Infusion Therapy and Labor & Delivery Non Stress Test clinic, which should be realized in the first quarter of 2008. The Labor & Delivery transition will also include the new function of Pre-Admission for our Labor & Delivery patients, which will not only facilitate patient access, but allow a thorough assessment of insurance eligibility and facilitate patient application to appropriate programs to assist customers in covering the financial expense of delivery.
- 2D. Standards will be set and maintained for all employees performing registration and admission functions. During the last year, the "Dirty Registration List" has been developed and implemented. This list evaluates all registrations by registrar and identifies data entry errors on twenty-five different error criteria. The report is printed and corrected daily. The list has not only facilitated the education and accountability process for the frontline staff, but it is anticipated that it will positively impact the goal of establishing "clean accounts" to the fiscal department for billing purposes. According to the National Association of Healthcare Access Managers (NaHAM) the national standard for errors in registration is less than 5%. ARMC's long-term goal is to exceed the national standard and maintain an error rate of less than 2%. In 2006-07 it was estimated that ARMC's error rate was 60% and it is projected that it will decrease by half to 30% in 2007-08. The estimate for 2007-08 is to continue to decrease the error rate reaching the goal of an overall error rate of <10%.
- 2E. Training programs will be established to facilitate meeting/exceeding set standards. Two full scope clerical training programs have been conducted in the last fiscal year. The training objectives are professional patient interview techniques, accurate and timely data entry, and proficient insurance eligibility assessment & special program application. In 2007-08 it is projected that ARMC will reduce its denial rate by half to a rate of 34% and in 2008-09 it is anticipated that the denial rate of 6.2% will be achieved.

Business office operations have been completely restructured in 2007-08 with new proactive leadership, improved access to appropriate resources, ongoing training, and implementation of operational procedures necessary to maximize revenue cycle results. Partial year benefits will affect 2007-08 with full year impact in 2008-09. With improved upfront information accuracy and timely billing, ARMC will greatly improve revenue cycle results thus maximizing cash due ARMC for patient billings.

Goal #3, 2007-08 Business Plan - Objective C, Performance Measure 3C, 2007-08 Business Plan – removed from 2008-09 Business Plan. The Direct Observation Unit was opened in February 2007 in an effort to decongest the Emergency Department and provide a holding area for patients needing care less than 24 hours. Separate billing was initiated for this unit as an outpatient service. However, due to staffing, patient flow and physician access issues, the unit was closed in August 2007. This performance measure has been removed from the 2008-09 Business Plan.

Goal # 3, 2007-08 Business Plan - Objective B: Initiating point of service collection for labor & Delivery and the Emergency Departments – will be captured in the broader scope of Objectives A through E under Goal #2. As a result of logistical and process issues in both departments, this plan has not yet been implemented. The current and ongoing re-design of the ED patient flow process will facilitate the establishment of a “departure desk/room” which will then allow ARMC to perform point of service cash collections in a safe and secure environment that meets county cash control expectations and is also in compliance with the Emergency Medical Treatment & Active Labor Act (EMTALA) rules and regulations.

GOAL 3: DEVELOP/IMPLEMENT SOUND COST CONTAINMENT STRATEGIES

Objective A: Continue to contain nursing labor costs through nursing skill mix and recruitment & retention efforts.

Objective B: Integration of ARMC and Public Health Laboratory services to decrease duplication of services and decrease costs by March 2009.

Objective C: Contain Pharmaceutical Costs below 2005-06 Budget in a market of increasing drug prices.

Objective D: Decrease overtime utilization by \$ 300,000 below 2007-08 actuals.

Objective E: Supply Expense Containment.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Change ratio of registered nurses to Licensed Vocational Nurses (Achieve ration of 70%:30% RNs to LVNs in all Non Intensive Care Areas)	N/A	85/15%	85/15%	85/15%	82/18%
3A. Percentage decrease in Utilization Of Third Party Staffing Assistance - Nursing Registry. (millions spent)	N/A	53% (\$1.6)	14%	16% (\$1.3)	12.7%
3B. Demonstrate cost savings In laboratory supplies and labor	N/A	4,720	7,080	10,000	50,000
3C. Percentage change in pharmaceutical costs (millions spent)	N/A	(5%) (\$22.1)	3%	1.5% (\$22.5)	6.7%
3D. Percentage decrease in Overtime Utilization In Non Patient Care Departments And Patient Care Departments Demonstrating No Growth In Volume (\$4.89 million spent in OT 2006-07)	N/A	N/A	10%	10% (\$4.4)	6.8%
3E. Percentage decrease in total supplies expense (\$64 million spent in 2006-07) :	N/A	N/A	1%	1%	3%

Status

3A. As part of an ongoing effort to contain costs where possible during the ongoing nursing shortage, ARMC continues to infuse Licensed Vocational Nurses (LVNs) in all pertinent non-intensive care areas of patient services. As part of the process, the nurse to patient skill mix ratio was restructured and this process was initiated in early 2007. As a result of the restructuring, LVNs were incorporated into the nurse to patient skill mix ratio for the non-specialty medical/surgical areas and the registered nurses (RNs) were cross-trained for the specialty areas such as Neonatal Intensive Care Unit (NICU) and Labor and Delivery. To date, 45 of the 72 LVN positions have been filled. LVNs have been hired to work in all non-specialty service areas, which include medical/surgical, post partum, labor and delivery, pediatrics, dialysis, wound care and the emergency department. To date, except for turnover, all non-specialty service areas have incorporated a minimum of one LVN per shift in staffing ARMC is currently at an 85%/15% RN to LVN ratio for 2006-07. ARMC will not pursue additional changes in skill mix and the RN to LVN ratios for 2006-07. Labor negotiations and retention issues throughout this fiscal year require a re-stabilization of the workforce in all specialty areas. In 2008-09 the medical center will continue its efforts toward the goal of 82% RN's and 18%LVN's.

Another opportunity for cost containment is the reduction in the usage of third party nurse staffing assistance or the Nurse Registry. This effort has been successful to date and was accomplished by enhanced nursing recruitment strategies and better control of unscheduled absences, which negatively affected the nursing staff. Registry usage during the first nine months of 2007 shows a 46% decrease in usage as compared to the same period in 2006. Registry usage was 13,085 hours (8.41FTEs) during the nine months in 2007, compared to 25,275 hours (16.24 FTEs) for the same period in 2006. Registry costs during the same period in 2007 were \$869,091 as compared to \$1,783,408 in 2006 for a total savings of \$914,317. Reduction of registry usage during the third quarter of calendar year 2007 leveled off due to a higher than expected attrition rate and an unprecedented surge in patient volume in the NICU, Labor and Delivery (L&D), and the Emergency Department (ED). During the third quarter of 2007, registry usage as compared to the same period in 2006, declined by 17%,

or only 1,104 hours with an overall decrease in usage of 53% for 2006-07. It is anticipated that the Registry usage will continue to decline in 2007-08 and 2008-09 with additional decreases of 16% (exceeding the target of 14%) and 13% respectively.

- 3B. To combat staffing shortages, Nursing Services will continue its efforts to market and recruit nurses. ARMC will continue to recruit through advertisements and job fairs. ARMC will continue to have a presence at the local nursing schools and universities during job fairs. In addition, ARMC will continue to host open house to attract and recruit nurses. For retention, nurses at ARMC are given the opportunity to cross train into specialty care services such as Neonatal Intensive Care (NIC), Labor and Delivery (L&D), and Emergency nursing. To date, six nurses from the Medical/Surgical care units have cross-trained and are working in the Emergency Department. In addition, the Neonatal Intensive Care (NIC) and Labor & Delivery (L&D) departments continue to offer courses and training programs to recruit both experienced and new RN graduates.

The areas of overlap between Department of Public Health (DPH) and the Clinical Laboratory are in the testing sections of Microbiology, Infectious Diseases, Molecular Diagnostics, and Immunology. The actual savings of \$4,720 was realized from the transitioning of Treponema Pallidum Particle Agglutination (TPPA) and Tuberculosis sensitivities (TB) from ARMC's Clinical Lab to the Public Health Lab. The estimated \$10,000 cost savings in 2007-08 is due to additional tests transitioning to the Public Health Lab beginning third quarter of 2007-08. Assuming the acquisition of automation, the Hepatitis panels could be automated, thus saving in labor costs. Hepatitis testing could be maintained by the Clinical Laboratory, reassigning the task to the chemistry department. The consolidation of test platforms through Total Lab Automation (TLA) will afford the lab the ability to eliminate up to four instruments, thus eliminating reagent and supply costs for instrument maintenance and technologist time involved in that maintenance. In addition, as a result of TLA, several send out tests could be brought back into the Clinical lab at lower cost as a result of the larger test menus now available on current instrumentation.

The Department of Pharmacy will continue its practice of ensuring that each patient receives safe and effective medication therapy while controlling the rising costs of pharmaceuticals. This will be accomplished by:

- Continuing to switch to generic pharmaceuticals whenever available
- Using sound formulary management practices
- Continuing to review high cost and high use therapeutic classes on an ongoing basis
- Identifying opportunities for safe and effective therapeutic substitutions and presenting them for approval to the Pharmacy and Therapeutics Committee
- Optimizing our existing antibiotic stewardship program, which will yield lower antimicrobial cost and will decrease bacterial resistance
- Maximizing the efficiency of automated dispensing devices in order to increase turnover of inventory
- Review cases of polypharmacy and, in conjunction with the Medical Staff, streamline therapy in order to enhance compliance and reduce cost

- 3C. In 2006-07, it was projected that pharmaceutical cost savings would decrease by an additional 40% from the 2005-06 savings of \$1.477 million or \$590,000. ARMC exceeded that goal with an actual cost savings of an additional \$1.18 million. In 2007-08 total pharmaceutical costs are estimated to increase by approximately \$316,000 or 1.5% over 2006-07 actual expenditures while still decreasing by 3.5% over 2005-06 actual expenditures. In 2008-09 it is projected that total pharmaceutical costs will increase by 3% or \$677,166 over 2005-06 actual expenditures. The annual national increase in pharmaceuticals is approximately 7-10% and ARMC will only have a single increase of 3% for a total of three years. Based on published literature combined with cost containment efforts on the part of the Pharmacy, overall it is the goal to maintain cost increases between 3 to 3.5 % per year which is significantly less than the national average.

- 3D. Overtime utilization is being evaluated in both service oriented, non-patient care Departments and Patient Care Services with no demonstrable volume fluctuation. Changes in recruitment efforts and hiring practices will demonstrate a visible impact in departments such as Security Services in 2007-08. High vacancy rates coupled with on-going recruitment and retention issues have dictated the use of scheduled overtime to cover mandatory staffing assignments. Changes in position descriptions, testing requirements and streamlining of the application and hiring processes are on target to fill numerous open positions and stabilize the security workforce thus decreasing the necessity for scheduled shifts at premium rates. The more challenging aspects of Overtime Utilization are the various Patient Care Services within ARMC that continue to face decreasing availability of qualified applicants due to ongoing difficulties in recruitment, inability to compete for limited resources and

retention gaps (trained personnel leaving current employment for increased monetary opportunities). In 2007-08, a 10% decrease in overtime costs is projected for a total savings of approximately \$480,000. This trend is expected to continue for 2008-09 with additional savings of \$300,000 or \$780,000 from 2006-07.

- 3E. ARMC is also taking aggressive measures to contain costs in the area of supplies. In 2006-07 total supplies expense was \$64 million. A 1% savings or \$518,000 is estimated for 2007-08 and a 3% savings or \$1,762,000 is projected for 2008-09.

Current fiscal year trend is \$1.1 million below budgeted targets from the implementation of the following activities:

- Price model verification.
- Resigning Letters of Commitment.
- Product standardization.

Cost containment activities in progress that will affect 2008-09 supply expenses are:

- Request For Proposal (RFP) for new Group Purchasing Organization (GPO). Anticipated saving of 1.5%. Award January 2008.
- RFP for medical supply distribution. Anticipated savings of 1%.
- Ongoing product standardization.
- Contract compliance.
- Bulk-buy opportunities for cardiac rhythm management devices.

Risk:

From a macroeconomic viewpoint, consideration must be given to the current economic conditions involving current crude oil prices (\approx \$90/barrel), with speculation of it reaching over \$110/barrel in the next year, may have a negative effect on our supply costs in 2008-09. Approximately 90% of medical supplies are made from plastic which is a derivative of oil. Raw material costs will escalate and these price increases may be passed on to ARMC in higher supply costs. As well, we can expect freight costs to increase in the form of higher fuel surcharges from the vendors due to the increase of gasoline prices that typically follow the price increase in crude oil.

In anticipation of implementing an Open Heart Program, implants and prosthesis, surgical supplies and packs are anticipated to increase due to added surgical case load and utilization of pacemakers and Automatic Implantable Cardiac Defibrillators (AICDs).

GOAL 4: ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES

Objective A: Promote "Evidence Based Nursing Practice" with nurse-sensitive performance and quality indicators.

Objective B: To achieve and maintain a Press Ganey mean average Patient Satisfaction Score of 85%.

Objective C: Obtain Core Measure Compliance in the 90th percentile on all quality indicators by December 2008.

Objective D: Reduce ARMC's rate of Ventilator Associated pneumonia, Catheter Related Blood Stream Infections, Nosocomial Skin Breakdowns and Surgical site Infections below the National Average for Reportable Adverse Outcomes.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
4A. Achieve Incidence of skin breakdown below National Benchmark (Base in 2006-07 ARMC 10%).	N/A	N/A	4.2% Benchmark 7%	4.2% Benchmark 7%	4.3% Benchmark 7%
4A. Achieve Number of Patient Falls – per 1000 patient days at or below Cal-NOC Standard of 1.79.	N/A	N/A	1.83 1 st Qtr	1.79	1.79
4B. Achieve and maintain a mean average score / Likelihood of recommending of 85%.	81.6%	83.7%	83%	83.2%	85%
4C. Achieve and maintain 90 th percentile ranking on all Core Measure quality Indicators by December 2008.	N/A	N/A	80%	85%	90+%
4D. Ventilator associated pneumonia (2006-07 actual was 1.6% with a National Benchmark of 4.12%).	N/A	N/A	1%	1%	0%
4D. Central line infection risk (2006-07 actual was 3.3% with a benchmark of 2.1 %).	N/A	N/A	2.2%	1.5%	0%

Status

4A. Evidence-based practice for nursing is the nursing process that employs conscientious clinical actions driven by best practices that are supported by current research. Evidence-based practice initiatives at ARMC include compliance with nurse-sensitive and core measure performance standards. These quality indicators include progressive wound care practices, implementation of a Rapid Assessment Team, fall prevention, patient education, and use of proven strategies to reduce Ventilator Acquired Pneumonias. For 2007-08, the Nursing department will introduce a culture of Proactive Anticipatory Care by performing hourly rounds within a framework of evidence-based nursing. The framework includes the 4 Ps: Position, Potty, Pain, and Proactive Measures. The Proactive Anticipatory Care model of care delivery has proven to decrease the number of hospital falls, skin breakdown, pain management and patient satisfaction. Additionally, with the implementation of the Proactive Anticipatory Care, ARMC hopes to show a decrease in the number of "sitters" required to monitor at risk patients.

The nursing department will focus on two nurse sensitive performance indicators for the incidence of hospital acquired skin breakdown and falls during hospitalization. These are on-going monitors for all hospitals. ARMC's performance in these two nurse sensitive performance initiatives will be measured against national benchmarks for skin breakdown, comparing ARMC with like hospitals and the Cal-NOC Standard of 1.79 for falls, measured per 1000 patient days.

4B. ARMC's mission in the provision of patient care services is that of quality and customer service. ARMC's current patient satisfaction scores tabulated through Press Ganey, demonstrate a mean average score of 83.2% for 2006-07. The goal of achieving and maintaining a score of 85% in 2007-08 will be addressed throughout the organization as follows:

1. Monthly meetings of the Hospital-wide Multidisciplinary CARE team.
2. Education to all areas of the hospital regarding customer service and the future Press Ganey Scores becoming a public document.
3. Record and recognition to all departments that receive a score of 85 or higher in any category of the survey.
4. Competition amongst departments to reach the highest Press Ganey score on a quarterly basis. Winners to be awarded appropriately.

Results of Press Ganey surveys are available to all Department Managers on a weekly basis through the Press Ganey website. This allows them timely reviews of their areas' survey results. Quarterly reports are reported at the Department Managers' Meeting, Leadership Forum, Quality Management Committee, and Governing Body Meetings.

4C. The Medical Center is required to report our compliance with quality care indicators (Core Measures), to the Centers for Medicaid & Medicare (CMS), on a quarterly basis. These indicators measure compliance with Standards of Care for patients that have Acute Myocardial Infarction, Congestive Heart Failure, Ventilator Acquired Pneumonia, and Post-surgical Procedures. In 2008, Core Measures compliance for hospitals will be available to the general public. Additionally, in 2008-09, CMS will be denying reimbursement to hospitals who do not meet the mean average Core Measure Compliance. Therefore, our goal is to obtain Core Measure Compliance in the 90th percentile for all quality indicators by December 2008. Our compliance is at the 90th percentile with the National average in several indicators. However, the goal encompasses all quality indicators. Hospital-wide education efforts are underway to increase awareness of Core Measure requirements including the future plan of CMS reimbursement based on hospital performance. Monthly reviews of all Core Measures will be conducted with any fall outs requiring peer reviews by the Attending Physicians and Nursing Management. A Multi-disciplinary taskforce has been developed to identify processes and solutions to improve ARMC's compliance with any Core Measure that is not meeting the 90th percentile National comparison.

4D. Through the Performance Improvement Process, ARMC will continue to reduce the rate of Ventilator Acquired Pneumonia, Catheter Related Blood Stream Infections, and Nosocomial Skin Breakdowns. The goal is to be below the National Average of Reportable Adverse Outcomes. Effective January 2008, all Adverse Outcomes are reportable to the Centers for Medicare and Medicaid Services (CMS). Our goal is to be below the national average for adverse outcomes. ARMC monitors these rates on an on-going basis. For 2005-06 the Ventilator Acquired Pneumonia rate was 5.7% and for 2006-07 it was 1.6%, the National benchmark is 4.12. The Central line infection rate for 2005-06 was 4.1% and for 2006-07 it was 3.3% with a National benchmark of 2.1%. The estimated rates for 2007-08 are 1% for Ventilator Acquired Pneumonia and 1.5% for the central infection rate. Projected rates for both monitors are 0% for 2008-09. To facilitate this effort, Hospital-wide education will be conducted on Infection

Control practices; Ongoing Patient surveillance, Monitoring Central Lines, and Ventilator support will be managed by the Infection Control Department. ARMC's Multi-disciplinary Performance Improvement Team on Prevention of Skin Breakdown will continue to perform education and monitoring of proper techniques to prevent skin breakdown. All reports of Adverse Outcomes are reported at the Infection Control Committee, the Quality Management Committee, and the Governing Body Committee on a quarterly basis.

Goal # 5 from the 2007/08 Business Plan is monitored and updated on an on-going basis by the Medical Center – it will be removed from the 2008/09 Business Plan. Key components of Technology upgrades/changes will be added to the Goals and Objectives in each annual business plan – as applicable.

GOAL 5: MAINTAIN AND IMPROVE THE INFORMATION TECHNOLOGY (IT) INFRASTRUCTURE

Objective A: Meditech Upgrade from 5.5 to 5.6

Objective B: Build, install, and implement the following modules:

- a. Authorization Referral Module (ARM).*
- b. Medical Practice Management (MPM/LSS) part 1 – administrative.*
- c. Medical Practice Management (MPM/LSS) part 2 – clinical.*

Objective C: Install and implement the Home Health Billing Software.

Status

Technology is a vital component to every aspect of ARMC operations, thus making the maintenance and continual improvement of the information technology infrastructure very important. To achieve this goal, it is necessary to evaluate necessary information technology equipment and software required for the following:

- a. Data Repository – a module used to increase the speed and utilization of Meditech data. (This module is currently in production awaiting program changes from Meditech to allow for greater flexibility.)
- b. Data Center Computer Servers replacement due to aging of servers – Meditech servers completed November 06. (All other servers are to be completed by January 2008 due to budget constraints.)
- c. Picture Archiving Communication System (Medical Imaging System) – Previous PACS system was converted to McKesson PACS and went live August 2006. McKesson Cardiology PACS began full implementation in February 2007.)
- d. Home Health Billing Software – This project is in progress and a prospective vendor has been selected. Contract and board item are in process.

ARMC's objective of upgrading to 5.6 has not been completed to-date. The latest available version is 5.54 SR 13 which is due to go live in February 2008. Meditech upgrade from 5.3 to 5.5 was completed in March 2006 and interfaces such as:

- a. Inland Empire Health Plan (IEHP) Interface will provide IEHP patient encounter data in a standard health care claim format (837). This is no longer a valid project because IEHP is unable to support at this time.
- b. CBORD Nutrition Services interface provides dietary orders from Meditech to Nutrition Services. This project is proposed for inclusion in current Capital Budget allocations.
- c. Medical Imaging System (PACS) interface – sends radiology orders and transcribed radiology reports from Meditech to McKesson PACS. This was completed July 2006.
- d. MUSE Cardiology project is intended to send patient registration data and orders to the MUSE cardiac care system. This project is on hold awaiting MUSE database modification. This is being reviewed for validation of continued use of current out-dated equipment.
- e. MD Staff System interface to Operating Room Scheduling module - This module will transmit MD operating room privilege status updates to Meditech. It is in process and ARMC is working with the vendor to finalize interface specifications.
- f. Imaging project for Personnel System was completed September 2006.
- g. Accucheck interface with Meditech will send blood glucose test results to the Meditech System. This project is in process. ARMC is working with vendor to finalize interface specifications.
- h. Collection interface allows County Collections Department to have access to Meditech Patient Accounting to post payments and adjustments. This project is no longer valid.

The additional Meditech modules including ARM and MPM/LSS for both administration and clerical use have made progress as well. ARM went into production on May 1, 2007, MPM/LSS part 1 for administration went into production November 1, 2007 and MPM/LSS part 2 clinical will go live in November 2007. Additionally, the Quality Management /

Risk Management Module was completed in July 2006 and the Emergency Department Module tracker portion was put into production September 20, 2007.

ARMC continues to assist Public Health Department and Department of Behavioral Health with Meditech implementation. ARMC is working with Public Health daily and to date; Behavioral Health has decided not to use Meditech. Additionally, ARMC is implementing Computerized Physicians Order Entry (CPOE) throughout the hospital and Family Health Centers. Work for the hospital is in process and the live date is unknown. Family Health Centers have started training on new MPM module. Live -November 2007.

ARMC's 2008-09 goals were selected to coincide with the primary mission of the Medical Center and strategic plan for meeting current service demands and future service requirements in a dynamic healthcare environment of changing reimbursement structures and diminishing resources. Having been at capacity shortly after opening its doors, the Medical Center's most pressing issue remains lack of inpatient beds. With due consideration to the significant impact on expansion and progression of the healthcare delivery system, and ARMC's ability to adequately serve an area of growth and development, the Board of Supervisors approved an 84-bed expansion of ARMC's inpatient capacity. ARMC continues to develop a high performance workforce in a climate of national shortage of registered nurses, clinical laboratory scientists, radiologic technologists, respiratory care practitioners, and physical, occupational and speech therapists. Efforts continue to be directed toward immediate, intermediate, and long term remedies. The Medical Center's long-term (2 – 5 years) strategic plan encompasses the following:

1. Increase Bed Capacity – Expansion of 84 beds on sixth floor of ARMC's patient tower. Sixth floor design is complete and includes 30 beds in the north unit, 30 beds in the south unit and 24 in the center unit. The expansion/remodel project will result in 72 private rooms and 12 semi private rooms. Temporary placement for displaced employees will consist of a Modular Building Solution on the Northwest corner of the campus. Nine 4300 square foot modulares will house the Medical Staff and various departments relocated from the hospital proper. Proposed completion date of the sixth floor expansion is estimated to be mid 2009.
2. The sixth floor expansion plan includes the construction of a three story (60,000 square ft.) Medical Office Building (MOB) on the ARMC Campus to house the Medical Staff and Administration displaced by the sixth floor conversion. The MOB will also house selected services and departments not requiring acute care space and expanded outpatient services. Construction is planned simultaneously to the sixth floor expansion project with similar completion dates of mid 2009.
3. Parking has found temporary relief in the recent addition of approximately 138 parking spaces. An additional 140 parking spaces will be provided in the temporary Modular site. ARMC has an approved Capital Improvement Request for the current fiscal year to add approximately 28 additional clinic parking spaces. However, with the 84-bed planned expansion, parking access and availability will require further consideration.
4. Continue in the direction of a "Health Care Agency" concept of operations for San Bernardino County; integrating services where appropriate and co-locating, where feasible, the administrative functions of Public, Behavioral Health, and the Medical Center.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

Brief Description of Policy Item, CIP, or BPI reserve funds request	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Develop and Implement Full Scope Cardiac Surgery Program	To be determined	2,000,000	2,000,000	-
ARMC's Goal #1 is to increase selected Medical Center volumes. The development and implementation of a Heart program is Objective F under that goal. ARMC currently transports patients requiring cardiac surgery to other area hospitals at an annual cost of approximately \$2million. Program implementation will decrease contractual costs and complement services at ARMC for attaining a Level I Trauma designation. Equipment costs are estimated at approximately \$2 million for start up of the Cardiac Surgery Program. Program implementation is targeted for the first quarter of 2008/09. Supports Goal No. 1.				
2. Add adjacent 2400 square foot building to the McKee Family Health Center Site – Leased Building		525,000	525,000	-
The McKee Family Health Center (FHC) is one of ARMC's offsite primary care clinics. McKee provides approximately 2,000 visits monthly. It is the newest primary care clinic and has the capability of performing simple X-ray exams (extremities) and performs approximately 100 X-rays per month. The clinic has outgrown its Medical Record space. Currently, they have to purge patient records every eighteen months. The additional space would allow co-location of Behavioral Health, provide medical offices, conference/training room, stations for interns & residents, and a break room for staff, freeing up proximal clinical space in the original clinic proper, offering three additional exam room conversions. Behavioral Health would have 2 exam rooms and their own Medical Records room. The \$525,000 includes the estimated tenant improvements and lease amendment payments to the term of the existing McKee lease. At the end of that term, all tenant improvements would be paid and any extensions negotiated with the amendment would include rent only for both spaces. Supports Goal No. 1.				

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1. Proposals for Cardiac Surgery Group are being reviewed. Target implementation date is 1 st quarter of 2008-09.					1 st quarter 2008-09
P2. Amend and extend McKee's current lease agreement to incorporate the additional space by first quarter of 2008-09.					1 st quarter 2008-09

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Colene Haller, Chief Operating Officer at (909) 580-6180.



Allan Rawland
Director

Mission Statement

The Department of Behavioral Health will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community.



GOALS

INCREASE ACCESS FOR UNDERSERVED INDIVIDUALS

INCREASE CUSTOMER SERVICE EDUCATION

INCREASE ACCESS TO SERVICES FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM

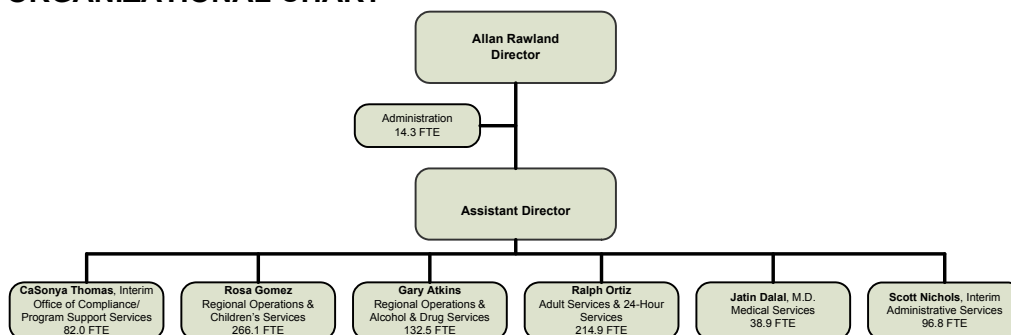
INCREASE CULTURAL COMPETENCY TRAINING

INTEGRATE SERVICES PROVIDED AT CO-LOCATED CLINICS

IMPLEMENT STRATEGIES FOR QUALITY IMPROVEMENT

BEHAVIORAL HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

Mental Health

The Department of Behavioral Health (DBH) is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families, and chronically mentally ill adults (in that priority). Approximately 35,000 unduplicated clients are served through 42 county operated facilities and approximately 30 contract providers, public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children's programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Alcohol and Drug Services

The DBH Alcohol and Drug Services program consists of comprehensive substance abuse prevention and treatment programs to county residents. Services are provided by 6 county operated clinics and approximately 30 contractors. The major components include outpatient, residential, prevention, methadone, and case management services. Annually, approximately 12,500 unduplicated clients are served.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Behavioral Health	178,566,791	176,724,038	1,842,753		766.7
Alcohol and Drug Services	22,108,176	21,958,718	149,458		85.8
Total General Fund	200,674,967	198,682,756	1,992,211		852.5
Special Revenue Funds					
Mental Health Services Act	49,141,817	20,624,815		28,517,002	-
Driving Under the Influence Programs	316,662	122,000		194,662	-
Block Grant Carryover Program	7,186,110	1,384,560		5,801,550	-
Court Alcohol and Drug Program	1,108,779	391,000		717,779	-
Proposition 36	6,257,075	6,207,773		49,302	-
Total Special Revenue Funds	64,010,443	28,730,148		35,280,295	-
Total - All Funds	264,685,410	227,412,904	1,992,211	35,280,295	852.5

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNDERSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES

Objective A: Continue to increase the development of community based behavioral health care and treatment programs that serve as options to institutionalization or hospitalization.

Objective B: Increase number of consumers system-wide who are not currently receiving Medi-Cal benefits.

Objective C: Increase number of consumers among specified ethnic/cultural groups that are currently underserved.

Objective D: Establish an assessment and treatment program to be embedded within a Primary Health Care practice.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Admissions to an institutional setting.	7,788	7,898	7,700	8,000	7,700
1A. Bed days in an institutional setting.	69,845	73,955	72,000	72,000	71,000
1B. Percentage increase in consumers with Medi-Cal benefits	N/A	N/A	N/A	N/A	5%
1C. Percentage increase in the Medi-Cal penetration rates for underserved ethnic groups	N/A	Black/AA +8.4% Asian +0.3% Hispanic +6.5% American Indian +1.4%	Black/AA +10.5% Asian +9.2% Hispanic +4.6% American Indian +23.4%	Black/AA +4.0% +Asian 0.1% Hispanic +6.5% American Indian +1.4%	Black/AA +4.0% Asian +.04% Hispanic +4.0% American Indian +2.0%
1D. Number of mental health staff embedded in a physical health care setting.	N/A	N/A	N/A	N/A	2 FTE, starting by 11/15/07
1D. Number of persons referred from a physical health care provider who are subsequently assessed and/or treated for a mental disorder.	N/A	N/A	N/A	N/A	100 persons

Status

- 1A. Began second year of MHSA Community Services and Supports 3-year plan.
- Developed contracts and implemented programs as follows:
 - Children's Crisis Response Team - 100% operational. Expanded countywide to provide crisis response 24/7
 - Children's Wraparound services - 100% operational
 - Triage Diversion Team at ARMC - 100% operational
 - Crisis Walk-in Centers – 95% operational
 - Forensic Assertive Community Treatment - 90% operational
 - Transitional-aged Youth one-stop centers - 25% operational
 - Submitted plan for state approval of 24/7 Adult Crisis Response Team
 - Completed facility needs assessment and in process of implementing staff moves and developing Capital Improvement Projects (CIPs) requests for additional space

2006-07 ACCOMPLISHMENTS

- ❖ Implemented annual Fiscal "Minimize Errors, Maximize Revenue" training for contract providers
- ❖ Centralized Administration to increase communication with programs
- ❖ Received approval for 5 MHSA projects
- ❖ Implemented payroll imaging system
- ❖ Aligned the County's Alcohol and Other Drug prevention services with the State-required strategic prevention framework
- ❖ Served as lead agency for Prop 36 funding and programming
- ❖ Established juvenile mental health assessment and intervention services in the High Desert
- ❖ Juvenile Evaluation Treatment Services (JETS) participated in the creation of Court Individualized Treatment of Adolescents (CITA)
- ❖ Received NACo Award for the Assertive Community Treatment Program
- ❖ City of San Bernardino Operation Phoenix Project



- 1B. Increase numbers of consumers system wide who are not currently receiving Medi-Cal benefits through:
- Collaboration with Transitional Assistance Department eligibility workers
 - Training staff regarding Medi-Cal/SSI requirements and documentation
 - Training staff in customer service to ensure proper assistance with consumers with co-occurring substance abuse disorders in completing Medi-Cal SSI forms
- 1C. Among Medi-Cal beneficiaries for specified ethnicities, penetration rates increased more than anticipated for Hispanics, but less than goals set for Asians, African-Americans, and Native Americans. Efforts will be increased to reach these communities.
- 1D. In collaboration with ARMC and Public Health, services will be directed toward the underserved population of primary care patients with mental health conditions that are co-occurring with physical health care conditions. These mental health conditions may be primary but often will be secondary to a general medical condition. Because the population to be served is highly diverse (some estimates have been made that fifty percent (50%) of the persons served are monolingual in Spanish), special emphasis will be placed on creating culturally sensitive and competent treatment protocols to reach this highly diverse population.

GOAL 2: INCREASE CUSTOMER SERVICE EDUCATION FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT

Objective A: Continue to implement ongoing customer service education.

Objective B: Broaden the definition of customer service and develop a model that will transform the behavioral health system.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage of employees and contract providers who successfully complete the customer service training.	N/A	100% of county staff 25% of contract staff	100% of county staff 25% of contract staff	100% county staff 25% of contract staff	100% new county staff, 25% contract staff
2B. Percentage of employees and contract providers who successfully complete the customer-service model.	N/A	N/A	N/A	N/A	100% new county staff

Status

- 2A. All Department of Behavioral Health employees have attended the county "Service FIRST" customer service training. A customer service program modeled after Service FIRST was developed for department contract agencies. The department met its contract staff customer service training goal of 25% in 2006-07. Customer service is central to the department's mission and will continue to be measured by both county and contract participation in the department's customer service program.
- 2B. Customer service is the process by which the Department of Behavioral Health delivers its services in a way that embodies quality of care and resilience- and recovery-oriented practices. The department shall cultivate a customer service definition and model upon which to build a strategy for systems transformation.

GOAL 3: INCREASE ACCESS TO COMMUNITY BEHAVIORAL HEALTH SERVICES FOR ADOLESCENTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM

Objective A: Continue to implement programs and services funded by the Mental Health Services Act, and continue to develop mental health services to the juvenile hall population mandated by the John Doe lawsuit.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Percentage of adolescents identified with mental disorders in Juvenile Hall receiving behavioral health services and supports in the community after release (608 juveniles for 2006-07).	N/A	62%	75%	75%	80%

Status

3A. This goal has been refined from previous years to include all juveniles identified with mental health needs while in custody. It was determined that most juveniles will not need a referral for the more comprehensive wrap-around services, but that most would benefit from some type of outpatient care following release from custody. As such, the Department of Behavioral Health has continued in its efforts to increase the percentage of all juveniles with mental health disorders receiving behavioral health and community support services through the following:

- Implementation of a Juvenile Reintegration plan for each minor released from Juvenile Hall Facilities in the High Desert, West Valley, and Central Valley
- Creation and implementation of a needs assessment to identify the "Referral Needs" of the minor.
- Provision of referrals and assistance to minors transitioning to the community which includes connection to community mental health clinic or One Stop Transitional Age Youth (TAY) Center.
- Implementation, in collaboration with Probation Department, the Mentally Ill Offender Crime Reduction (MIOCR) grant to expand services through juvenile mental health court.

GOAL 4: INCREASE CULTURAL COMPETENCY TRAINING FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT

Objective A: Continue to implement an educational curriculum that embeds the required competencies to provide effective "customer focused services" to diverse populations.

MEASUREMENT		2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
4A1.	Number of departmental employees certified to train department employees and contract providers in the California Brief Multicultural Competency Scale-Based Training Program (CBMCS).	N/A	N/A	10	5	10
4A2.	Percentage of clinic employees and contract providers who successfully complete the California Brief Multicultural Competency Scale-Based Training Program.	N/A	N/A	20%	20%	20%
4A3.	Percentage of employees taking Introduction to Cultural Competence offered through the DBH Training Institute.	N/A	N/A	N/A	N/A	25%
4A4.	Percentage of bi-lingual paid staff and contractors taking Interpreter Training for Mental Health Professionals.	N/A	N/A	N/A	N/A	70%
4A5.	Percentage of mental health providers staff and contractors who provide direct service who complete Mental Interpreter Training for Mental Health Professionals.	N/A	N/A	N/A	N/A	25%
4A6.	Percentage of bi-lingual paid staff taking ethnic specific cultural training for language they provide interpretive and translation services.	N/A	N/A	N/A	N/A	35%

Status

4A1. The department has hired a Cultural Competency Officer who collaborated in the development of the CBMCS and is one of 3 master trainers in the nation. She is actively recruiting and has identified 5 individuals who will be trained in December 2006 in an effort to meet our goal for 2008-09.

4A2. Forty (40) employees/contractors were trained in CBMCS during 2006-07. We scheduled to train an additional 40 employees in December 2007. Two additional trainings are planned for the remainder of the 2007-08 fiscal year.

4A3. The Cultural Competency Officer is developing the curriculum for the introduction to cultural competence. She, along with other trained staff, will teach the course as a part of the core curriculum of the DBH Training Institute.

4A4. Twenty-four percent (24%) of our bilingual paid employees/contractors received training in July 2007. Two additional trainings are planned for the remainder of 2007-08. Interpreter Training sessions shall continue throughout 2008-09, until the 70% target is met.

4A5. Twenty-five (25%) mental health providers (i.e. employees/contractors) were trained in 2007-2008. Two additional trainings are planned for the remainder of 2007-08. Interpreter Training sessions shall continue throughout 2008-09, until the 25% target is met.

- 4A6 We will contract with an individual with expertise in multicultural community clinical psychology to develop a curriculum on Latino culture that will provide our Spanish speaking bilingual paid staff with the cultural knowledge necessary to provide culturally and linguistically appropriate service delivery.

GOAL 5: INTEGRATE MENTAL HEALTH AND ALCOHOL & DRUG SERVICES INTO CO-LOCATED CLINICS IN ORDER TO INCREASE CLIENT ACCESS TO SERVICES AND PROVIDE BETTER CARE

Objective A: Pilot the integrated services at one selected clinic in the department.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
5A1. Implemented integrated services at pilot clinic with structured curriculum.	N/A	N/A	By December 2007	Obtained Certification	75% Integrated
5A2. Provide two in-depth intensive training sessions on evidence-based practices for treating co-occurring disorders.	N/A	N/A	75% of clinic staff at integrated clinic	60% of clinic staff at integrated clinic	100% of clinic staff at integrated clinic

Status

- 5A1. The department has successfully applied for and received site and program certifications for both the mental health and alcohol and drug treatment programs located in the Mesa Clinic in Rialto. Currently, department staff are developing program protocols to complete the integration of this pilot clinic in 2008-09.
- 5A2. The department held one (1) two-day training on June 5 and June 6, 2007 to assist staff in transitioning to a co-occurring treatment clinic environment. There will be two additional trainings scheduled in 2008-09 to train current staff as well as prepare a select number of new staff in the next DBH clinic to roll out this change in service delivery.

GOAL 6: IMPLEMENT STRATEGIES FOR SUCCESSFUL QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH

Objective A: Develop a plan that utilizes a team educational approach to learn about and apply system and process improvements.

Objective B: Continue progress towards achieving a significant, measurable reduction of service disallowances department-wide.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
6A. Percentage completion of the quality assurance improvement plan.	N/A	N/A	N/A	N/A	100%
6B. Percentage of overall improvement in Medi-Cal reviews conducted by the Quality Management Division.	N/A	N/A	N/A	N/A	10%

Status

- 6A. Quality is important for all behavioral health systems, from a variety of perspectives. From the perspective of a person with mental illness or substance abuse challenges, quality ensures that they receive the care they require and their symptoms and quality of life improve. From the perspective of a policy maker, quality is the key to improving the behavioral health of the population, ensuring value for monies expended and accountability.
- 6B. The Department of Behavioral Health is dedicated to the development of a plan that integrates quality improvement into the ongoing management and delivery of services.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

The department is not requesting any additional general fund financing for 2008-09.

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 382-3133.



Jim Lindley
Interim Director

Mission Statement

The Public Health Department promotes and improves the health, safety, well being, and quality of life of San Bernardino County residents and visitors.

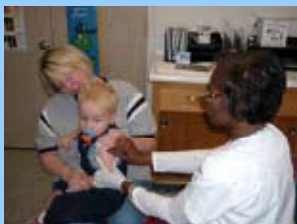


GOALS

**PREVENT DISEASE AND
DISABILITY AND
PROMOTE HEALTHY
LIFESTYLES**

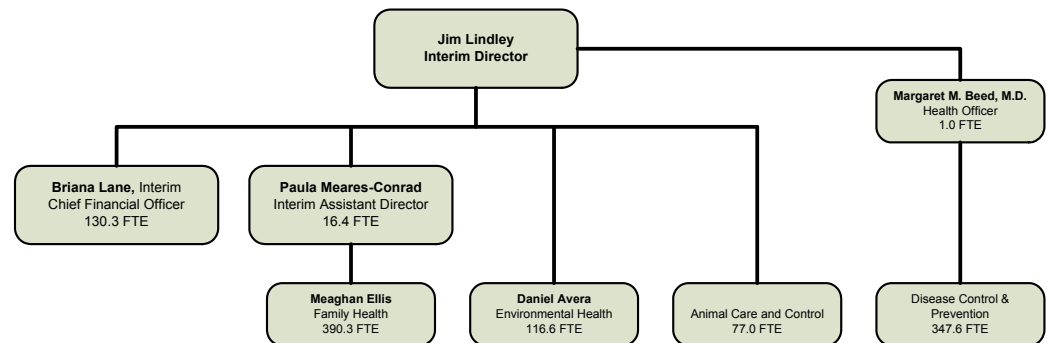
**PROMOTE AND ENSURE
A HEALTHFUL
ENVIRONMENT**

**SUPPORT THE PUBLIC
HEALTH WORKFORCE
THROUGH THE
EFFECTIVE USE OF
TECHNOLOGY**



PUBLIC HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Department of Public Health provides a wide range of services to prevent diseases and improve the health, safety, and quality of life for residents and visitors of San Bernardino County. The department operates over thirty different programs ranging from clinical services to animal care and control. Many of our services are mandated by the State Health and Safety Code. The top three programs that the department will concentrate its efforts in 2008-09 are described below:

Our Healthy Communities program is an innovative countywide strategic effort that provides the infrastructure to support collaborative efforts to improve the health and well being of all residents.

The department has developed a Comprehensive Public Health Preparedness and Response (Bioterrorism) plan to improve response capabilities in the event of a bioterrorism incident or other public health emergency.

The Animal Care and Control Division (ACC) protects the public from rabies through mass vaccination of the county's pet dog population, stray animal abatement, wildlife rabies surveillance, laboratory examination of animals for rabies, and public education. In addition, the program investigates animal complaints and provides safe sheltering care, return, adoption, or as a last resort, the humane euthanasia of unwanted animals. The department is currently in the beginning stages of forming a Joint Powers Authority that will regionalize animal care and control services.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Public Health	86,748,420	82,052,587	4,695,833		904.3
California Children's Services	19,246,486	15,262,299	3,984,187		180.9
Indigent Ambulance	472,501	-	472,501		-
Total General Fund	106,467,407	97,314,886	9,152,521		1,085.2
Special Revenue Funds					
Bio-Terrorism Preparedness	4,266,694	3,338,135		928,559	-
Tobacco Use Reduction Now	404,454	404,454		-	-
Vital Statistics State Fees	589,664	169,250		420,414	-
Vector Control Assessments	3,832,567	1,851,151		1,981,416	-
Total Special Revenue Funds	9,093,379	5,762,990		3,330,389	-
Total - All Funds	115,560,786	103,077,876	9,152,521	3,330,389	1,085.2

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES

Objective A: Decrease the number of babies born with exposure to drugs and/or alcohol due to their mother's substance abuse during pregnancy.

Objective B: Improve the health of children by increasing the percentage of children who are up-to-date on required childhood vaccinations.

Objective C: Sustain partnerships with the Cities of Chino, Ontario, and Fontana, and increase the number of cities with whom Healthy Communities is actively engaged.

Objective D: Increase Healthy Communities' external funding from grant awards.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Percentage increase of pregnant women screened for drug use (8,000 women in 2005-06).	N/A	23%	10%	20%	10%
1B. Percentage of children immunized by 24 months of age.	79.5%	82%	85%	83%	85%
1C. Double the number of partnerships with cities with whom Healthy Communities is actively engaged.	N/A	3	8	4	4
1D. Maintain number of grants received to support the Healthy Communities activities (\$503,218).	N/A	2	2	2	2

Status

- 1A. The Perinatal SART Program continues to successfully screen pregnant women for tobacco, drug and alcohol use. During the first quarter of this year, 2,356 pregnant women were screened resulting in 315 testing positive for substance usage. These women/clients were referred to the Department of Behavioral Health and community based organizations for treatment services. Furthermore in an effort to expand services, the department has secured additional funding from First Five to provide Case Management services and make home visits to high risk clients.
- 1B. The percentage of children immunized by 24 months of age continues to increase in 2007-08, almost meeting the target for this objective. The department continues to provide multiple immunization clinics throughout the county and works closely with medical providers to ensure the number of children fully immunized continues to improve.
- 1C. Currently the Healthy Communities program is actively engaged in assisting five cities with their Healthy City programs: Fontana, Chino, Ontario, Rialto, and the City of San Bernardino. Our participation includes attending meetings, assisting with community health assessments, partner and stakeholder referrals, information on best practices, and identification of current activities and assets.
- 1D. The department secured the following two grants to support our Healthy Communities efforts:
 - Safe Routes to School, for \$486,679, over two years, to provide workshops and training to families within 20 school districts to promote walking and biking to school.
 - The California Endowment, for \$30,000 to be used for planning activities, with the possibility of receiving implementation funds.

2006-07 ACCOMPLISHMENTS

- ❖ Immunized 15,274 children
- ❖ Awarded seven sponsorships to cities to become Healthy Communities
- ❖ Issued 29,840 food handler cards to food workers in restaurants and markets countywide
- ❖ Responded to 30,375 field service calls, a 4% increase from prior year
- ❖ 74% of all department computers met 2007-2008 minimum hardware specifications
- ❖ Held the Kids Fitness Challenge event, with over 5,000 participants, promoting healthy lifestyles



GOAL 2: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

Objective A: Enhance the level of sanitation in food facilities by increasing the number of trained and certified restaurant food handlers.

Objective B: To improve animal welfare and outcomes by protecting county residents, animals, and property from the spread of rabies and other animal diseases, improve animal shelter facility to provide enhanced customer service and to assure services offered by the Animal Care and Control Division are provided efficiently.

Objective C: Establish a Joint Powers Authority (JPA) to regionalize animal care and control services. Local municipalities will be contacted and encouraged to participate in the newly established authority to maximize efficiencies and provide a cost effective mechanism to enhance services.

Objective D: Increase the level of preparedness of public and private partners by assisting them to develop emergency preparedness plans; emergency coordination councils; locate community points of dispensing sites (PODs); and prepare and educate volunteer staffing.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage increase of restaurant food handlers receiving training and certification (28,000 handlers in 2005-06)	N/A	28%	6%	25%	10%
2B. Percentage decrease of animal impounds (strays) excluding the Rancho Shelter and other admissions (14,800 impounds in 2005-06)	N/A	4%	2%	2%	N/A
2C. Increase the number of municipalities that participate in the New Animal Care and Control Joint Powers Authority (JPA) (from 1 to 4)	N/A	N/A	N/A	N/A	4
2D. Number of MOUs/agreements with partners for Public Health Emergency Preparedness.	0	4	20	5	N/A

Status

- 2A. In 2006-07, the department implemented a new training program for food handlers to enhance the level of sanitation in food facilities and thus reduce food borne illnesses. For 2007-08, the department projects certification of 45,000 food handlers, far surpassing the 2006-07 projection of 29,000. Also, an additional 10% increase in food handler certificates for 2008-09 is anticipated.
- 2B. To improve the welfare of animals in San Bernardino County, the department promotes the spay/neuter voucher program. In 2006-07, 6,596 vouchers were issued, which enabled 3,426 pets to be sterilized and resulted in a 20% increase in pet sterilizations from the previous year. Due in part to this effort, the department will be able to meet its target of decreasing stray animal admissions to county shelters by 2%.
- 2C. The department proposes to establish a Joint Powers Authority (JPA) to regionalize animal control services. It has been determined that the most cost effective mechanism available to enhance animal control services and resources is through partnering and collaborating in a JPA with local municipalities. As a greater number of communities participate in the JPA, animal admissions will increase and objective B listed above will be replaced by this objective in 2008-09. As a result of this combined effort, animal control services such as spay and neuter and animal license canvassing will be expanded and will eventually lower the euthanasia rate. Beginning in 2007-08, the Town of Yucca Valley has committed funding, over the course of the next four years, towards construction of a new animal shelter facility in the Morongo Valley. The county has committed an equal amount of funding towards this project, with the ultimate goal of an established JPA between the county and the town owning, managing and operating the new facility, as well as staffing and conducting all animal control and shelter services in the region. It is the department's goal that this JPA also provide the initial structure to which other cities could be added, to ultimately provide animal control services throughout the county.
- 2D. The Public Health Preparedness and Response Program has been working with multiple agencies throughout the county to establish a Memoranda of Understanding (MOU) to effectively respond to a public health disaster. Using selected regional locations will enable the County to respond quickly and effectively with all materials and supplies required for the dispensing of medications. The department anticipates establishing 5 regional MOUs

during 2007-08, which will complete this target. However, the department will continue to keep this priority in focus to better protect the County.

GOAL 3: SUPPORT THE PUBLIC HEALTH WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGY

Objective A: Replace computers that do not meet the minimum hardware specifications established by Public Health Information Technology.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Percentage of Public Health's computers that meet the 2007-08 minimum hardware specifications (221 of 1,004 in 2006-07 met specifications)	N/A	N/A	100%	100%	N/A
3B. Percentage of Public Health's computers refreshed (replaced) to meet 2008-09 minimum hardware specifications (354 computers to replace)	N/A	N/A	25%	26%	33%

Status

- 3A. In June 2007, the department purchased 275 computers to replace outdated and inefficient computers. These computers were deployed at the beginning of 2007-08 together with upgrading RAM on 242 additional computers. With these upgrades, 74% of the department's computers now meet the 2007-08 minimum hardware specifications. An additional 294 computers will be purchased this year to meet our target of 100% compliance with the 2007-08 specification.
- 3B. The computers to be purchased this year will also meet the 2008-09 specifications. The department will continue to support technology as it is an essential tool to providing quality services to our constituents.

APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Brief Description of Policy Item	Budgeted Staffing	Appropriation	Dept. Revenue	Local Cost
1. Provide infrastructure to support collaborative efforts to create healthier communities.	3.0	478,762	-	478,762
2. Enhance veterinary services to our sheltered animals.	2.0	177,000	-	177,000
3. Implement a three-phase construction plan to expand and enhance the Devore Animal Shelter facilities. Phase #1 incorporates the remodeling and updating of the existing buildings, kennels, and grounds (\$1,300,000). Phase #2 incorporates the construction of a new animal adoption and veterinary care center (\$3,050,000) to meet California's "legislative intent" regarding no adoptable animal will be euthanized by 2010. Phase #3 will provide an additional building to move the administrative section of ACC to the location of the Devore Animal Shelter to enhance efficiency and services (\$800,000).	-	1,300,000	-	1,300,000
4. Restore 3.0 positions to perform essential disease control activities to sustain services at an appropriate level required by this county's growing population and the Health and Safety Code.	3.0	208,000	-	208,000
5. Provide a higher level of Information Technology project management, requirements gathering, and business systems analysis.	1.0	115,460	-	115,460
6. Create a web environment to enable the department to more effectively and efficiently share information with its employees and customers. This is a Business Process Improvement Project.	-	150,000	-	150,000

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P1A. Held community-wide events in collaboration with partners such as First Five and Kids Fitness Challenge.	N/A	4	5	5	5
P1B. Identify and track stakeholders and partners collaborating in Healthy Communities.	N/A	300	350	120	120
P1C. Provide a resource for organizations to access best practices for involvement in Healthy Communities programs.	N/A	100	130	150	150
P1D. Award sponsorships to cities to become Healthy Cities.	N/A	7	5	5	5
P2. Increase number of animals receiving veterinary care from 300 in 2005-06 to 1,200 in 2006-07.	N/A	1,058	1,200	1,200	1,200
P3. Enhance facilities and meet the California's legislative intent regarding euthanasia of adoptable animals. Increase animal adoption by 10% (2,520 animals adopted in 2006-07).	N/A	N/A	2,400 pets adopted	2,640 pets adopted	2,640 pets adopted

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
P4. Decrease the case to nurse (RN) ratio thus increasing the number of fully completed TB contact investigations (in 2006-07 the number of cases per RN was 500).	N/A	N/A	Case RN=85	Case RN=150	Case RN=115
P5. Percentage of departmental information systems analyzed to identify and recommend consolidation and/or enhancement through web-based technologies and improved access to data by management.	N/A	N/A	80%	40%	100%
P6. Percentage of program managers' satisfaction rating of web services.	N/A	N/A	25%	50%	80%

Status

Policy Item 1 (includes measurements P1A-P1D): In 2006-07, the Board of Supervisors appropriated roughly \$480,000 in ongoing funding to begin developing the needed infrastructure to guide and encourage community-wide efforts toward a healthier county. Some of the key accomplishments that have taken place toward this effort are as follows:

P1A. The department held a variety of community events throughout 2006-07:

- In April 2007, the Kids Fitness Challenge event brought together community based agencies, schools, cities, parks, social services, and over 5,000 participants from throughout the county to promote healthy lifestyles. The department is partnering with Riverside County to make the 2008 event a regional event.
- In May 2007, a Walkable Community Workshop showed participants how to plan a pedestrian friendly neighborhood which will improve the students' safety whether walking or bicycling to school in West San Bernardino.
- Other events included "The Walk" at Prado Regional Park, Heritage Park, and the ARMC 5 kilometers.

P1B. In 2006-07, the Healthy Communities program established a database to track participating partners/stakeholders. This database allows any organization interested in such efforts to know without significant research about other stakeholders in their community. We have identified 360 partners to date and as a result the department has accomplished the following:

- Planned after school program activities and community health events in the county's Regional Parks
- Explored youth leadership development by establishing "School Health Councils"
- Assisted Ventura and Solano County in establishing a Healthy Communities program

P1C. Healthy Communities also established a database of best practices. Over 120 resources have been identified so far. Cities such as Ontario, Fontana, Apple Valley, Hesperia, and Victorville are using these resources to:

- Form plans to improve the safety of their neighborhood
- Jumpstart an employee wellness campaign that will provide outreach to private businesses
- Develop nutrition education for their homeless population

P1D. The "Healthy City" sponsorships for 2007-08 will be focused on cities that are prepared to establish a "staffed" position to support their efforts. The Cities of Rialto and San Bernardino are set to move forward and funds should be disbursed in January 2008.

P2. The inclusion of veterinary services and veterinary care professionals has allowed the department the ability to provide state required veterinary medical care to animals in need. In 2007-08 a full-time registered veterinary technician was added to further ensure this objective is met and to achieve the target of 1,200 animals receiving veterinary care. The services of a full-time veterinarian will continue to be contracted out pending the finalization of Capital Improvement Plans to construct a veterinary clinic and veterinary care facilities outlined in the 2008-09 ACC – CIP request.

P3. The estimated number of pets adopted for 2007-08 is consistent with the previous year due to the fact the new pet adoption center is not planned for construction until 2008-09. Enhanced adoptions of homeless and/or unwanted pets will be achieved when the new animal care and control center – pet adoption facility is constructed. This objective/measurement may be modified and/or extended pending the finalization of the new Joint Powers Authority (JPA).

P4. The department is currently recruiting for the Communicable Disease Investigator. After reviewing the acuity level of our Tuberculosis clients, it was identified that the department needs Licensed Vocational Nurses instead

of Health Services Assistants. The department will bring the reclassification of these vacant positions to the Board for approval.

- P5: The department is currently recruiting for the Business Systems Analyst II. We anticipate filling this position by late December. The department already identified 70 databases that are currently heavily utilized by our programs. Analysis and recommendations for the department's information systems should be approximately 40% complete by the end of 2007-08.
- P6: The internal satisfaction level with the current web site is approximately 10% with an indication that the content and information is appropriate, but that it is visually unattractive and site navigation is difficult and inconsistent. The web redesign initiative will reduce screen clutter, improve site navigation, organize information in a more logical way, and add services that will better prepare the public for site visits or reduce the need for in person visits. Satisfaction level is expected to improve by at least 25%. At this time, the project is approximately 5% complete. The aesthetic elements have been finalized and approved, programming will begin in December and the project will be on track for completion this year.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS, OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

The department is not requesting any additional general fund financing for 2008-09.

2008-09 PROPOSED FEE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST	SERVICE IMPACTS
<ol style="list-style-type: none"> 1. The department proposes to increase animal impoundment and boarding fees by 10%. The current referenced fees have not increased for a number of years. In addition, the ACC proposes to establish microchip and pet vaccination fees which are currently not included in the county's fee schedule. 2. The department proposes new fees for environmental health services and is currently analyzing our fee structure. 	<ol style="list-style-type: none"> 1. Increasing the recommended fees will allow the Animal Care and Control program the ability to recover costs associated with providing impoundment and boarding services. Establishing fees to provide microchips and pet vaccinations will allow the program to offer the referenced services to the general public and provide enhanced services to both pets and pet owners. Anticipated revenue is projected at \$26,000. 2. Environmental Health Services fees will be analyzed and increased appropriately to offset increases in salaries, services and supplies in the Safe Drinking Water and Food Protection Programs.

If there are questions about this business plan, please contact Jim Lindley, Interim Public Health Director, at (909) 387-9146.